


# 6 TIPS FOR ACCESSING MIGRAINE TREATMENT

Living with migraine is challenging enough. Navigating treatments for yourself and finding specialists shouldn't be part of the problem. Explore these tips, which may help you access your treatments and advocate for care and coverage.


## TIP 1

### Keep track of different migraine treatments you've tried

Tracking your treatments not only helps you understand what works, but can help you work with your healthcare provider to gain prior authorization and get your prescribed treatments covered by your insurance company. After finding the right **preventive care** dose, it can take several weeks to find out if a treatment works well for you.

 **Is your current treatment making your migraines:**

- Better
- Worse
- The same

**If your migraine treatment isn't helping, speak up! You deserve the right care.** 



## TIP 3

### Explore additional services

Patients often wait months to receive specialized migraine care appointments. Independent telehealth services can help you obtain a faster appointment time.

[Find Resources](#)

## TIP 2

### If you think it, say it

Be truthful about how you're feeling. It's the only way to work with your healthcare provider to get a migraine treatment that is right for you. If you're currently on treatment, it's important to be clear with your doctor about how it's working for you.



#### Ask yourself:

Am I satisfied with my current migraine treatment?

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How many days per month do I experience migraine pain?

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How long does the pain last and how intense is it? Have my migraine attacks changed over the past 3-6 months?

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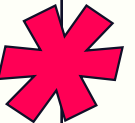
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What over-the-counter or prescription medications have I taken for migraine in the past?

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## TIP 4

### Stay up to date on the latest migraine care guidelines

Prominent organizations periodically share recommendations to help guide patient care. You can use these in talking with your healthcare provider to help support gaining access to the treatment you need.

See the newly released Position Statement for the Prevention of Migraine [here](#).

## TIP 5

### Be persistent when dealing with insurance

If you're waiting for approval from your insurance company to access medication you've been prescribed, keep following up. If you haven't gotten a response from them in a few days, reach out to them again. Persistence is key and staying on top of them could help you get to a quicker response.



## TIP 6

### Insurance denial may not be the end of the road

If your insurance company denies your treatment, you may be able to make an appeal by calling your insurance company. Taking these steps may help: (See page 3 for a sample call script)

- **Step 1:** Study your benefit design to understand what your insurance requires for approvals, what they cover and any prior authorization requirements.
- **Step 2:** Provide documentation that you meet the coverage criteria or submit evidence that this treatment is necessary, like a letter of medical necessity.
- **Step 3:** Ask your doctor to explain your case to the insurance company.
- **Step 4:** As a last resort, you may be able to challenge the denial with the state insurance board. This can take up to several months.

Find resources to **report your denial** at the Headache & Migraine Policy Forum website.

[Challenge Your Denial](#)

### IMPORTANT TERMS:

#### Prior Authorization Form

This form can help assess your prescribed treatment against your insurance plan for potential coverage. However, it doesn't guarantee that the treatment cost will be covered. Once submitted, the approval process can take several months. Familiarizing yourself with the prior authorization process can help you better work with your healthcare provider to obtain your prescribed migraine treatments.

#### Letter of Medical Necessity

This is a note written by your doctor that confirms your treatment needs and can help you obtain care not typically covered by your insurance company. In order to be valid, it needs to include your name, diagnosis, recommended treatment, and treatment duration.

# HOW TO TALK TO YOUR INSURANCE COMPANY

A sample script for if your prescription is denied, delayed, or switched



## Get Prepared

Gather your policy information, the prescription name, and related documents (prior authorizations, letter of medical necessity, and denial letters). Be clear on the reason for denial or delay.

Jot down any medications that you have previously tried for your specific diagnosis.

Document everything—who you spoke to, when, and what was said.



## Making the Call

These tips and phrases may help prepare you for your conversation with your insurance company.

**Get to the point immediately:** “Hello, my name is [Your Name]. I am a policyholder with insurance number [Your Policy Number]. And my claim for [Medication Name] was [Denied/Delayed/Switched].”

**State Your Case:** “My doctor, [Doctor’s Name], prescribed this medication because [State your condition, any past medications that haven’t worked, and any prior authorizations or medical necessity letters]. The prescription was dated [Date], and I received a letter on [Date] stating it was [Denied/Delayed/Switched].”

**Ask for Answers:** “Who can address this issue for me?” [Get connected to the right person] “Please explain why my prescription for [Medication Name] was [Denied/Delayed/Switched].” [Possible responses: didn’t get a doctor’s response, medication isn’t on the formulary, must try a different medication first, etc.]

**Ask Questions Until You Get Clarity:** “Thank you for that information. My doctor requests I try this medication to help manage my migraine.”

- “What additional details do you require to approve it?”
- “How long will the decision take?”
- “When should I follow up?”

**Summarize and Confirm:** “To confirm, the medication was denied because of [REASON], and to reverse this, I need to [ACTION]. I will also ask my doctor to [ACTION]. Thank you for your assistance. I appreciate the review of my claim.”



## Follow-Up Steps

Explain what the insurance company said to your doctor or their staff. Find out how long it will take for them to submit the appeal. If you receive another denial and your doctor agrees you should receive this medication, contacting your state’s insurance department to file a grievance is another option you may consider.

**Remember, you should be able to take the treatments your doctor prescribes. Keep going and get the care you need!**

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