Migraine Canada Position Statement

Prioritizing Access to Evidence-Based Migraine Preventive Treatments

Executive Summary

Migraine is a common and disabling neurological disease affecting millions of Canadians and more than one billion people worldwide. For many people, migraine significantly affects their ability to work, participate in education and family life, maintain relationships, and engage in everyday activities. Despite the availability of increasingly effective, migraine-specific preventive treatments, access to these therapies remains restricted by reimbursement policies that require patients to try and fail multiple older preventive medications before newer treatments can be accessed.

Migraine Canada supports the Canadian Headache Society's position:

Modern, migraine-specific preventive treatments—such as CGRP-targeted medications—should be available as first-line treatment options for people living with chronic or frequent migraine

Treatment decisions should be based on the individual needs of the person living with migraine, the best available evidence, clinical judgement, and shared decision-making and not on mandatory treatment failures imposed by reimbursement policies.

The Need for Change

Traditional oral preventive medications, including beta blockers, tricyclic antidepressants, and antiepileptic medications, have an important role in migraine treatment and may remain appropriate options for some individuals. However, many were not specifically developed for migraine and may be associated with adverse effects, contraindications, drug interactions, and challenges with adherence.

In recent years, the migraine treatment landscape has evolved significantly. CGRP-targeted monoclonal antibodies and gepants were developed specifically to target mechanisms involved in migraine and have demonstrated efficacy and favourable tolerability in clinical trials and real-world practice.

For some people, these therapies may provide meaningful reductions in migraine frequency and severity, improved functioning, and better quality of life. Importantly, treatment response and tolerability vary from person to person. There is no single preventive treatment that is appropriate for everyone.

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Step-Therapy Policies Can Delay Effective Care

Migraine Canada is concerned that reimbursement policies requiring patients to try two or more older preventive medications before accessing newer therapies creates unnecessary barriers to care.

Insurance policies should not require patients to try a set sequence of migraine medications before allowing access to targeted treatments. Migraine is complex, and the right treatment is different for each patient. Healthcare providers need to consider existing health conditions, current medications, side effect profiles, and their patient's needs. Mandatory treatment sequences prevent healthcare providers from offering migraine specific treatments and delay access to medications that work.

For people living with migraine, these delays have real consequences. Uncontrolled migraine can interfere with employment, education, caregiving, social participation, physical activity, and family life. It can also increase reliance on acute medications resulting in medication overuse headache with greater disability, and increased use of healthcare services. Delays in effective treatments can prolong disability and lead to disease progression. **People with migraine should not have to become sicker before they can access a treatment that their healthcare professional believes is appropriate.**

A Person-Centred Approach to Migraine Prevention

Migraine treatment should be individualized and guided by meaningful outcomes. Reducing monthly migraine days is an important measure of treatment effectiveness, but it is not the only one.

For people living with migraine, successful treatment may also mean:

- being able to work or attend school more consistently;
- participating in family, social, and community activities;
- reducing the severity and duration of attacks;
- relying less on acute medications;
- avoiding medication overuse;
- improving sleep, concentration, and daily functioning;
- reducing emergency and urgent healthcare visits; and
- improving overall quality of life and confidence in managing migraine.

Treatment decisions should therefore reflect both clinical outcomes and the outcomes that matter most to the individual patient.

Equity and Access

Access to migraine treatment in Canada varies considerably depending on where a person lives, their drug coverage, employment and insurance status, and their ability to pay out of pocket.

Reimbursement policies that impose multiple treatment failures can further increase these inequities. individuals with private coverage may have access to treatments that are unavailable through public plans, while others may face significant delays or financial barriers to accessing care.

Where a person lives or how they are insured should not determine whether they can access evidence-based migraine care.

Migraine Canada believes that public and private drug plans should work toward consistent, transparent, evidence-based criteria that support equitable access to appropriate preventive treatments.

Recommendations

Migraine Canada calls on federal, provincial and territorial governments, public and private insurers, health technology assessment organizations, and other healthcare decision-makers to:

1. Align reimbursement policies with current Canadian clinical guidelines.
CGRP-pathway monoclonal antibodies, gepants and onabotulinumtoxinA (Botox®) should be recognized as appropriate first-line preventive treatment options for eligible patients when clinically indicated.

2. Remove mandatory multiple-treatment failure requirements.
Patients should not be required to fail two or more older preventive medications when a migraine-specific therapy is clinically appropriate.

3. Support shared decision-making.
Treatment selection should consider the patient's migraine characteristics, medical history, comorbidities, previous treatment experience, potential adverse effects, patient preferences, and the clinical judgement of the healthcare professional.

4. Recognize patient-centred outcomes.
Assessment of treatment value should consider not only migraine frequency but also disability, functioning, quality of life, treatment satisfaction, acute medication use, and healthcare utilization.

5. Reduce unnecessary administrative barriers.
Prior authorization requirements and other administrative processes should be proportionate, transparent, and designed to support - not delay - appropriate treatment.

6. Ensure equitable access across Canada.
Canadians should have access to evidence-based migraine prevention regardless of province or territory, insurance status, geographic location, or ability to pay.

7. Support education and implementation.
Governments and healthcare organizations should support education for healthcare

professionals, patients, payers, and policymakers to improve understanding of migraine and the appropriate use of newer preventive therapies.

Migraine Canada's Position

Migraine Canada strongly supports the Canadian Headache Society's call to modernize access to migraine preventive treatments.

We recognize that healthcare systems must consider value, sustainability, and responsible use of public resources. However, cost-containment strategies should not rely on treatment pathways that delay appropriate care or require patients to experience unnecessary treatment failures.

Evidence-based migraine care means giving healthcare professionals and patients access to the right treatment at the right time.

Migraine is not simply a headache, and effective prevention can have an impact far beyond the number of migraine days a person experiences. Better migraine control can mean fewer missed days of work or school, greater participation in family and community life, reduced reliance on acute medications, and improved quality of life.

Migraine Canada calls on governments and payers across Canada to modernize reimbursement policies so that access to migraine-specific preventive treatments is based on evidence, clinical need, and shared decision-making.

Canadians living with migraine deserve timely access to the treatments that can help them live, work, and participate fully in life.

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