# Specialty Pharmacy Support in Primary Care Migraine Management

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## Background

- Migraine is a common and disabling condition where primary care providers (PCPs) are becoming a crucial access point for diagnosis and treatment due to the limited capacity of neurologists or headache specialists, with published wait times averaging approximately 50 days but often variable and potentially longer in practice.[1-3]
- However, PCPs report limited familiarity with expanding treatment options and may need support navigating access and ongoing patient management.[1]
- Health-system specialty pharmacies' (HSSPs') expertise in these areas can strengthen effective migraine treatment and management in primary care.

## Objective

To describe the role and outcomes of specialty pharmacy (SP) support for migraine management in a primary care setting.

## Methods

### Study Design

This mixed methods study was conducted at a large health system in Florida using prospective stakeholder interviews and retrospective data.

Pharmacy and medical stakeholders were recruited for interviews using purposive sampling, and a semi-structured interview guide was employed.

### Outcomes

**Stakeholder Interviews**
(Dec 2025 – Mar 2026)

- **Used to identify**:
  - Key components
  - Best practices
  - Opportunities for optimization

**Retrospective Data**
(Sept 2020 – Dec 2025)

- **Access** (i.e., prior authorization [PA] approval rates)
- **Operational** (i.e., PA turnaround times)
- **Clinical** (i.e., migraine days per month and medication adherence, defined as proportion of days covered [PDC] >80%)

### Data Analysis

- Artificial intelligence (i.e., Microsoft CoPilot) was used to categorize interview data into themes, and two researchers reviewed all transcripts and refined the themes through discussion to reach consensus.
- Retrospective data were analyzed using descriptive statistics.

## Results

Figure 1: Key Themes from Stakeholder Interviews

### Coverage Insight & Acceleration

Enable early treatment access with fast turnaround times and high approval rates

**PRIMARY CARE BARRIERS**
- Unfamiliarity with nuanced requirements and plan-specific rules, including step therapies
- Administrative burden leading to delayed treatment initiation
- Missing or inconsistent documentation needed to support PAs

**SP SOLUTIONS**
- Deep knowledge of payor requirements (e.g., step therapy)
- Rapid benefits investigation and consolidated PA management with standardized documentation
- Patient and provider outreach for timely, complete data collection

### Operational Workflow & Communication

Reduce administrative burden with a streamlined, efficient team-based approach

**PRIMARY CARE BARRIERS**
- Gaps in streamlined communication amongst team members and with patients
- Delays amidst competing priorities and high patient volumes
- Variable, undefined clinic workflows

**SP SOLUTIONS**
- Coordinated patient and provider outreach for coverage-related data collection
- Timely communication of consistent, structured status updates for clinics
- Well-defined team roles for increased efficiency and ability to manage larger volumes

**SP may serve as an access engine that supports primary care teams in helping patients with migraine start and stay on complex treatments.**

### Patient Education & Engagement

Support patients in confidently starting and adhering to treatment

**PRIMARY CARE BARRIERS**
- Limited bandwidth to provide effective, hands-on patient education
- Gaps in patient understanding and unclear expectations regarding treatment
- Missing or inconsistent team training on migraine-specific treatment devices

**SP SOLUTIONS**
- Devoted team to provide education and set treatment expectations
- Ongoing patient engagement between clinic visits via routine SP outreach to help optimize outcomes
- Device-specific training to help patients safely and confidently start their migraine treatment

### Clinical Monitoring & Documentation

Sustain safe, appropriate long-term medication use

**PRIMARY CARE BARRIERS**
- Inconsistent documentation of clinical outcomes needed for PA renewal
- Reactive approach to patient-reported medication issues identified during clinic visits and phone calls
- Lack of visibility into the ongoing treatment journey

**SP SOLUTIONS**
- Structured collection of outcomes needed for PA renewal
- Early support in identifying and resolving suspected non-response, adherence risk, or worsening migraine burden
- Proactive patient support to promote appropriate, safe long-term use

## Results Cont.

Figure 2: PA Outcomes Prior to Medication Initiation

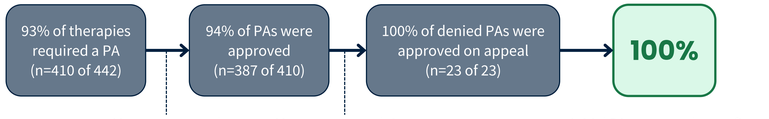


**Figure 3:** Clinical Outcomes for Primary Care Patients

| -2.5 days | -2.2 days | -1.5 days | 97% |
|---|---|---|---|
| Mean reduction of 2.5±7.7 **migraine days per month** (n=354) | Mean reduction of 2.2±7.2 **acute medication use days per month** (n=389) | Mean reduction of 1.5±6.2 **days that headache burdened daily activities** (n=350) | Patients adherent to preventive medications (n=350) |

## Discussion & Conclusion

- Quantitative findings across access, adherence, and clinical outcomes align with stakeholder-identified themes of coordinated workflows, education, and monitoring (Figure 1).
- High PA approval rates with rapid turnaround times illustrate efficient access processes in this setting, supporting timely treatment initiation (Figure 2).
- Reductions in migraine burden alongside high adherence rates suggest consistent longitudinal support throughout the therapy journey (Figure 3).
- Limitations: Findings reflect a single health system and descriptive, non-comparative analysis, which may limit generalizability to other settings. Some clinical and operational measures were not captured for all patients.

## References

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