

Sent: Friday, May 3, 2019 9:40 AM

Subject: New migraine treatment policy [External Email]

Wade Steeves MD
NPI 1457562233
WA State license MD60140035

To Whom It May Concern:

My name is Wade Steeves. I'm a headache neurologist in Spokane Washington.

I write in concern today regarding the new therapies that were recently introduced in 2018, for the treatment of migraine, specifically for migraine prophylaxis. These therapies include 3 different monoclonal antibody medications, Aimovig, Ajovy, and Emgality.

I've seen scenarios in which payers try to narrow the selection of a therapy down to one particular medication.

I believe this is shortsighted, because I've seen many instances in which the patient will respond to one of these 3 above medications, but not the other 2. I've been using these medications since they were introduced in the summer and fall of last year.

To provide the best patient care possible for migraine prophylaxis, providers need to be able to prescribe any of these 3 medications. For instance if the patient does not respond to Emgality, they may respond to Ajovy. Or, if they don't respond Aimovig, they may respond quite robustly to Emgality.

There are multiple instances in which the patient, secondary to his or her particular personal biochemistry, and/or subset of cellular receptors, is particularly suited to respond to only one of the above monoclonal antibody medications.

I'm asking you to support all 3 medications, and not simply choose one or two, as a mandated therapy.

Thank you for your consideration.

Please feel free to call me at any time on my personal cell phone: 509-995-1805.

Sincerely,

Wade Steeves M.D.

