

2011 Quick Guide to Migraine Medications



 Aetna®



Some migraine medications are associated with serious drug-drug interactions. Be sure you are aware of all the medications your patient is taking.

2011 Aetna Preferred Drug List for commercial plans*

LOWEST TIER preferred generics	MIDDLE TIER preferred brands	HIGHEST TIER nonpreferred brands and generics	Key
PRESCRIPTION MEDICATIONS FOR TREATMENT OF ACUTE ATTACKS			UPPER CASE = brand-name medication <i>lower case italics</i> = generic medication ST = Step-therapy applies under most plans QL = Quantity limit applies under most plans FE = Formulary excluded in closed formulary plans * = Commercial plans = Non-Medicare plans # = Brand-name medication expected to become available generically in the near future. After the generic medication becomes available, the brand-name medication may be covered at a higher copayment and/or added to the Formulary Exclusions List. The brand-name medication may also be subject to precertification and/or step-therapy.
Nonsteroidal anti-inflammatory medications (NSAIDs)			
<i>ibuprofen</i> <i>naproxen sodium</i>			
Antimigrain Agents			
<i>dihydroergatamine mesylate</i> <i>naratriptan</i> ^{QL} <i>sumatriptan</i> ^{QL}	AMERGE ^{QL, #} MAXALT ^{QL, #} MAXALT MLT ^{QL, #}	ALSUMA ^{KIT 6 MG/0.5 ML ST, QL, FE} AXERT ^{ST, QL, FE} CAMBIA ^{ST, QL, FE} FROVA ^{ST, QL, FE} IMITREX (ALL OTHER STRENGTHS) ^{ST, QL, FE, #} IMITREX ^{KIT 4 MG/0.5 ST, QL, FE} MIGRANAL ^{ST, QL, FE} RELPAK ^{ST, QL, FE} SUMAVEL ^{KIT 6 MG/0.5 ML ST, QL, FE} TREMIMET ^{ST, QL, FE} ZOMIG ^{ST, QL, FE} ZOMIG ZMT ^{ST, QL, FE}	
Other Analgesics			
<i>butorphanol sol</i> ^{QL}			
PRESCRIPTION MEDICATIONS FOR PREVENTION OF ACUTE ATTACKS			
<i>amitriptyline</i> <i>divalproex DR</i> <i>divalproex ER</i> <i>divalproex sodium sprinkle</i> <i>timolol</i> <i>propranolol</i> <i>topiramate</i>	no middle tier drugs under this section	DEPAKOTE ^{ST, FE} DEPAKOTE ER ^{ST, FE} DEPAKOTE SPRINKLES ^{ST, FE} TOPAMAX ^{ST, FE} TOPAMAX SPRINKLES ^{ST, FE}	

Consider nonprescription drug alternatives when appropriate, such as aspirin, naproxen sodium, ibuprofen and combination products containing aspirin, acetaminophen and caffeine.

The choices you and your patients make regarding prescription medications affect health care costs. Drug prices are a prime contributor to the recent significant increases in the cost of insurance.

The savings can add up

If your patient's benefits plan has a higher copayment for brand-name drugs that are not on the preferred drug list, and if you agree that a preferred generic or brand-name drug is right for your patient, your patient can begin saving money immediately.

To submit medical exception or precertification requests for prescription medications:

- Fax to the precertification unit at **1-800-408-2386**.
- Call the precertification unit at **1-800-414-2386**.

To submit requests online:

- Go to **www.aetna.com**
- Select "Health Care Professionals" then "Medical Professionals Log In" to access our secure provider website via NaviNet®
- Once logged in, select "Plan Central" then "Aetna Health Plan" and "Precertifications"

Current drug information is available online at **www.aetna.com/formulary**.

Assessment and diagnosis

Patient history

- Review headache symptoms.
 - > Headache characteristics typical of migraine:
 - > Uni- or bilateral
 - > Pulsing or throbbing pain
 - > Usually moderate to severe
 - > Worsened by physical activity and sensory stimulation
 - > Several hours to days in duration
- Non-headache characteristics of migraine:
 - > Nausea, vomiting, anorexia
 - > Excessive sensory sensitivity
 - > Prodrome or aura
 - > Postdrome
- Consult headache diary (if available):
 - > Look for pattern (For example: association with hormonal fluctuation, time of day, specific triggers, etc.)
- Current therapy (Rx, OTC, herbal, etc.)
- Response to therapy
- Side effects of therapy

Physical exam

- Vital signs
- Cardiac status
- Extracranial structures
- Range of neck motion
- Presence of pain in the cervical spine
- Review for abnormal medical findings
- Normal results are consistent with migraine

Neurological exam

- To detect intracranial or systemic disease
- Normal results are consistent with migraine

Diagnostic classification

- The International Headache Society recently published new guidelines for the classification of headache disorders. These can be accessed at **www.ihs-headache.org** or in print from Cephalalgia, 2005; 25: 460-465.

Key questions for patients¹

- How often are your headaches severe?
- How often do your headaches limit your ability to do usual daily activities?
- When you have a headache, how often do you wish you could lie down?
- In the past four weeks, how often have you felt too tired to do work or daily activities because of your headaches?
- In the past four weeks, how often have you felt fed up or irritated because of your headaches?
- In the past four weeks, how often did headaches limit your ability to concentrate on work or daily activities?

Consider a referral to a neurologist or headache specialist if:²

- Diagnostic uncertainty exists
- Treatment failure occurs
- There is suspicion of a secondary headache syndrome
- Rebound or chronic daily headaches exist
- Reassurance for the patient or provider is needed

Use of diagnostic technology in headache³

Radiologic imaging studies (MRI and CT) rarely yield helpful information in the diagnosis of migraine headache. U.S. Headache Consortium provides the following principles of management related to imaging:

- Testing should be avoided if it will not lead to a change in headache management.

- Testing is not recommended if the individual is not considerably more likely than anyone else in the general population to have a significant abnormality.
- Testing that normally may not be recommended as a population policy may be appropriate at an individual level.

Headache "red flags" include:

- Abnormal neurological exam
- Worsening with Valsalva maneuver
- Awakening from sleep
- New headache onset in the older population (> 50 years old)
- Progressively worsening headache
- Atypical headache features

Management^{4,5}

- Involve the patient in developing the management plan, which can be critical to the plan's success.
- Set realistic treatment goals and expectations.
- Consider the use of management tools, such as migraine diaries and action plans.

Non-pharmacologic prevention and management

- Review trigger factors with patient:
 - > Alcohol, aged cheeses, MSG, artificial sweeteners, caffeine, nuts, nitrates, citrus fruits
 - > Stress
 - > Environmental changes: time zone, weather, seasons
- Avoidance of excessive sensory stimuli:
 - > Note that the emergency room environment can cause or worsen headaches
- Counsel on stress reduction:
 - > Consider relaxation techniques and biofeedback
- Optimum results may be achieved by combining pharmacologic and non-pharmacologic treatment modalities

¹Headache Impact Test™ Copyright 2009 QualityMetric, Inc.

²Cady R. and Freitag F. Standards of care for headache diagnosis and treatment as established by the National Headache Foundation; Chicago, IL; 2004.

³Frishberg BM, Rosenbert JH, Matchar DB, McCrory DC, Pietrzak MP, Rozen TD, Silberstein SD. Evidence-based guidelines in the primary care setting: neuroimaging in patients with nonacute Headache. 2000. Available at: www.aan.com/professionals/practice/pdfs/gl0088.pdf

Pharmacologic management options^{4,5}

- Prescribing considerations:
 - > Concomitant medications, including prescriptions, OTC medications, vitamins and herbal supplements. Note that serious drug-drug interactions may occur with certain migraine medications.
 - > Comorbidities. Some drugs are contraindicated in certain disease states (for example, “triptans” in patients with cardiovascular disease).
 - > Note that the use of oral contraceptives in patients with migraine with aura may increase the risk of stroke.
- Acute therapy:
 - > Encourage treatment at the onset of the headache
- Goals for successful acute treatment:
 - > Treat rapidly and consistently
 - > Restore ability to function normally
 - > Minimize the use of back-up and rescue medications
 - > Optimize self-care
 - > Be cost-effective for overall management
 - > Minimize adverse events
- Treatment options:
 - > NSAIDs (aspirin, naproxen sodium, ibuprofen): First-line treatment for mild to moderate pain and severe pain that has responded in the past.
 - > Triptans: Appropriate for use in moderate-severe pain and in those not responding adequately to NSAIDs or other analgesics.
 - > Other options: APAP+ASA+Caffeine, DHE, butorphanol.
- If nausea/vomiting exists, consider:
 - > Using non-oral treatment routes
 - > Adjunctive antiemetic therapy
 - > Be aware of the risk of medication overuse and the rebound headache phenomenon
- Prophylactic therapy:
 - > Consider in patients with migraines that interfere with daily routine despite acute treatment; those who experience frequent headaches; or those in whom acute treatment is ineffective, contraindicated or overused.
- Goals for successful preventive treatment:
 - > Reduce attack frequency, severity and duration
 - > Improve responsiveness to acute treatment
 - > Increase function and reduce disability
 - > Ensure the patient has realistic expectations
- Treatment options:
 - > First-line agents: amitriptyline, divalproex sodium, propranolol, timolol, Topamax⁶
 - > Start at lowest recommended dose
 - > Long-acting formulations may improve compliance
- Re-evaluate regularly:
 - > Use a migraine diary to objectively evaluate progress
 - > Consider switching medications if an adequate trial is unsuccessful
 - > Monitor for side effects and potential drug-drug interactions
 - > Consider tapering preventive medications after a period of stability

⁴Ramadan NM, Silberstein SD, Freitag FG, Gilbert TT, Frishbert BM. Evidence-based guidelines for migraine headache in the primary care setting: pharmacological management for prevention of migraine. 2000. Available at: www.aan.com/professionals/practice/pdfs/gl0090.pdf

⁵Matchar DB, Young WB, Rosenberg JH, Pietrzak MP, Silberstein SD, Lipton RB, Ramadan NM. Evidence-based guidelines for migraine headache in the primary care setting: pharmacological management of acute attacks. 2000. Available at: www.aan.com/professionals/practice/pdfs/gl0087.pdf

⁶Kaniecki R, Lucas S. Treatment of primary headache: preventive treatment of migraine. In: Standards of care for headache diagnosis and treatment. Chicago (IL): National Headache Foundation; 2004. p. 40-52.

This card may not be used after 12/31/11.

All member care and related decisions are the sole responsibility of the physician, and this information does not dictate or control physicians' clinical decisions regarding the appropriate care of members. Pharmacy benefits are not limited to the drugs on the Preferred Drug List. Drugs on the Formulary Exclusions List may be excluded from coverage under some pharmacy benefits plans unless a medical exception is obtained. Many drugs on the Preferred Drug List are subject to manufacturer rebate arrangements between Aetna and the manufacturer of those drugs.

Commercial California members: In accordance with state law, California HMO members who are receiving coverage for medications added to the Formulary Exclusions list, Precertification or Step-Therapy lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

The Preferred Drug List, Formulary Exclusions, Precertification, Quantity Limit and Step-Therapy Lists are subject to change. Also note that step-therapy, precertification and quantity limit programs are not applicable in all service areas. For example, Step-Therapy does not apply to fully insured commercial members in New Jersey and Indiana.

