2013 Aetna Preferred Drug List Information

Quick Guide to Migraine Medications

www.aetna.com

Some migraine medications are associated with serious drug-drug interactions. Be sure you are aware of all the medications your patient is taking.
## 2013 Aetna Preferred Drug List Information

### Quick Guide to Migraine Medications*

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### Prescription medications for treatment of acute attacks

**Nonsteroidal anti-inflammatory medications (NSAIDs)**

- ibuprofen
- naproxen sodium

**Anti-migraine agents**

- naratriptan QL
- rizatriptan QL
- rizatriptan MLT QL
- sumatriptan QL

**Other analgesics**

- butorphanol sol QL

<table>
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<th>Prescription medications for prevention of acute attacks</th>
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<td><em>amitriptyline</em></td>
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### 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 about prescription medications affect health care costs. Drug prices contribute to rising health insurance costs.

### Help your patients save money

Your patient’s benefits plan may have a higher copayment for brand-name drugs that aren’t on the Preferred Drug List. If you think that a preferred generic or brand-name drug is right for your patient, you can help him/her save money immediately.

### To submit medical exception or precertification requests for Aetna prescription medications:

- Fax the Precertification Unit at 1-877-269-9916.
- Call the Precertification Unit at 1-855-240-0535.

### To submit requests online through our secure provider website:

- Go to [www.aetna.com](http://www.aetna.com).
- Click “Health Care Professionals” then “Medical Professionals Log In.”
- Once logged in, select “Plan Central” then “Aetna Health Plan” and “Precertifications.”

You can find current drug information online at [www.aetna.com/formulary](http://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 has published guidelines for the classification of headache disorders. These can be accessed at [www.ihs-headache.org](http://www.ihs-headache.org) or in print from Cephalagia, 2005; 25: 460-465

Key questions for patients

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

Consider a referral to a headache specialist if:

1. Diagnostic uncertainty exists
2. Treatment failure occurs
3. There is suspicion of a secondary headache syndrome
4. Rebound or chronic daily headaches exist
5. Reassurance for the patient or provider is needed

Use of diagnostic technology in headache
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:

1. Testing should be avoided if it will not lead to a change in headache management
2. Testing is not recommended if the individual is not considerably more likely than anyone else in the general population to have a significant abnormality
3. Testing that normally may not be recommended as a population policy may be appropriate at an individual level

Headache “red flags” include:

1. Abnormal neurological exam
2. Worsening with Valsalva maneuver
3. Awakening from sleep
4. New headache onset in the older population (> 50 years old)
5. Progressively worsening headache
6. Atypical headache features

Management

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

Non-pharmacologic prevention and management

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

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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.
Pharmacologic management options\textsuperscript{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, Topamax\textsuperscript{6}
- Start at lowest recommended dose
- Long-acting formulations may improve compliance

Re-evaluate regularly:

- Encourage use of 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


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.

The drugs on the Preferred Drug List, Formulary Exclusions, Precertification, Quantity Limit and Step-Therapy Lists are subject to change. The precertification, quantity limits and step therapy drug coverage review programs are not available in all service areas. For example, precertification and step therapy programs do not apply to fully insured members in Indiana. Step-therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-insured plans.

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This card may not be used after 12/31/13.

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