Quick Guide to Migraine Medications

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 (i.e., 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.i-h-s.org or in print from *Cephalagia*, 2005; 25: 460-465

Key Questions for Patients[1]

- 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 4 weeks, how often have you felt too tired to do work or daily activities because of your headaches?
- In the past 4 weeks, how often have you felt fed up or irritated because of your headaches?
- In the past 4 weeks, how often did headaches limit your ability to concentrate on work or daily activities?

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

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

Use of Diagnostic Technology in Headache[3]

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 make sense 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 (i.e., > 50)
- Progressively worsening headache
- Atypical headache features

Management[4,5]

- Involving the patient in developing the management plan is critical to the plan's success
- Realistic treatment goals and expectations should be established
- 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.

Pharmacologic Management Options

- 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 preventative treatment:
  - > Reduce attack frequency, severity and duration
  - > Improve responsiveness to acute treatment
  - > Improve function and reduce disability
  - > Ensure the patient has realistic expectations
- Treatment options:
  - > First-line agents: amitriptyline, divalproex sodium, propranolol, timolol, Topamax [6]
  - > Start at lowest recommended dose
  - > Long-acting formulations may improve compliance
- Re-evaluate regularly:
  - > Utilize 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

[1] HIT-6™ ©2001 QualityMetric, Inc. Full survey with analysis available at: www.amihealthy.com.

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

[3] Frishberg 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: http://www.aan.com/professionals/practice/pdfs/gl0088.pdf

[4] Ramadan 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: http://www.aan.com/professionals/practice/pdfs/gl0090.pdf

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

[6] Kaniecki 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.

Quick Guide to Migraine Medications

2007 Aetna Preferred Drug List for Commercial Plans*

To submit medical exception or Precertification requests for prescription medications:

- **Fax the Precertification unit, toll free at 1-800-408-2386.**
- **Call the Precertification unit, toll free at 1-800-414-2386.**
- **To submit requests online, go to: www.aetna.com, put your cursor on "Doctors & Hospitals" and select "Physician Self-Service" to register for the secure website for physicians, hospitals and health care professionals.**

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

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

LOWEST TIER	MIDDLE TIER	HIGHEST TIER
Generic drugs on the Preferred Drug List	Brand-name drugs on the Preferred Drug List	Generic and brand name drugs not on the Preferred Drug List

PRESCRIPTION MEDICATIONS FOR TREATMENT OF ACUTE ATTACKS

Nonsteroidal Anti-inflammatory Medications (NSAIDs)

ibuprofen
naproxen sodium

Antimigraine Agents

LOWEST TIER	MIDDLE TIER	HIGHEST TIER
dihydroergotamine mesylate	Amerge [QL]	Axert [QL, FE]
	Imitrex [#, QL]	Frova [QL, FE]
	Maxalt [QL]	Relpax [QL, FE]
	Maxalt MLT [QL]	Zomig [QL, FE]
		Zomig ZMT [QL, FE]
		Migranal [QL, FE]
		DHE-45

Other Analgesics

butorphanol tartrate [QL]

PRESCRIPTION MEDICATIONS FOR PREVENTION OF ACUTE ATTACKS

LOWEST TIER	MIDDLE TIER	HIGHEST TIER
amitriptyline	Depakote [#, QL]	Topamax
timolol	Depakote ER [#]	
propranolol	Depakote Sprinkles [#]	

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 medicines that are not on the formulary, and if you agree that a generic drug, or a brand-name formulary drug, is right for your patient, your patient can begin saving money immediately.

UPPERCASE - Brand-name medication
lower case italics - Generic medication
QL - Quantity limits apply under most plans
FE - Formulary-excluded medication
- Brand-name medication expected to become available generically during 2007. After the generic medication becomes available, the brand-name medication may be covered at a higher copay and/or added to the Formulary Exclusions List.

* Commercial plans = Non-Medicare plans

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.

In accordance with state law, commercial California HMO members enrolled in a closed formulary benefits plan who are receiving coverage for medications that are moved to the Formulary Exclusions List, and commercial California HMO members who are receiving coverage for medications that are added to the 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. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions. This regulation does not apply to Medicare plans.

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.

For commercial members in Texas, additions to the 2007 Preferred Drug List will be effective no later than January 1, 2007. In accordance with state law, full-risk commercial members in Texas who are receiving coverage for medications that are removed from the Preferred Drug List during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date. This regulation does not apply to Medicare plans.

The definition of precertification is not the same as the definition used by Texas law. Our use of the term, "Precertification" relates to the prior authorization of your services by Aetna, based on our decision of whether the service is medically necessary. Precertification is not a guarantee of payment or "verification" as defined by Texas law.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage are Aetna Health Inc., Aetna Health of California Inc., Aetna Health of Illinois Inc., and/or Aetna Life Insurance Company. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

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