Texas Medicaid

Migraine Disease Management

Educational RetroDUR Mailing	☑Initial Study ❑Follow – up /Restudy

Executive Summary

Purpose:	To promote the safe use and prescribing of medications used in the treatment and prevention of migraines.
Why Issue was Selected:	Migraine is a chronic, sometimes disabling, neurologic disorder that is characterized by moderate-to-severe headache attacks lasting 4 to 72 hours. The pain is described as being typically unilateral, pulsating, worsened with physical activity and associated with nausea, vomiting, photophobia and phonophobia. Some patients experience an aura, which is a reversible neurologic disturbance (i.e., visual, hemisensory), preceding the attack by 5 to 60 minutes. Depending on the number of episodes, these attacks can further be classified as episodic or chronic.[1] Migraine affects approximately 18% of women and 6% of men yearly, with a peak prevalence between the ages of 25 to 55 years.[2] However, it often goes undiagnosed. Despite the availability of effective migraine therapies, epidemiologic studies indicate over 50% of patients describe severe impairment or require bed rest during their attack.[3] In addition to interfering with activities of daily living and quality of life, migraines can significantly impact a person's ability to function at school, work, and in social settings. Migraine also has significant economic and societal impacts, with estimated annual total costs of $27 billion in the United States.[2]

Program Specific Information:

Performance Indicators	Exceptions	
	(<18 Years) FFS	**(<18 Years) MCO**
• Overutilization of acute therapy	(N/A) 2	(N/A) 846
• Underutilization of preventive therapy	(N/A) 13	(N/A) 2488
• Nonadherence with preventive therapy	(N/A) 12	(N/A) 1824
• Underutilization of migraine-specific therapy	(N/A) 4	(N/A) 1511
• Increased risk of adverse drug events with migraine therapy	(N/A) 4	(N/A) 1825

Setting & Population:	Adult patients with a history of migraines documented in medical claims in the last 2 years.
Types of Intervention:	Cover letter and individual patient profiles.

Main Outcome Measures:	The performance indicators will be re-measured when at least six months of outcome data are available.
Anticipated Results:	• Reduced overutilization of acute migraine therapy • Increased utilization and adherence to preventive migraine therapy • Decreased utilization of non-specific migraine acute therapies • Identification of patients who may be at increased risk for adverse events from migraine therapies

Performance Indicator #1: Overutilization of Acute Migraine Therapy

Why has this indicator been selected?	Pharmacologic therapy is the mainstay of migraine management and there are several pharmacologic classes available for patients to utilize for both treatment and prevention (Tables 1 and 2). If acute therapy is being used on a frequent basis or is overutilized (i.e., exceeding maximum daily dose and/or recommended frequency of use), patients may experience adverse effects from the medication or have an increased risk of medication-overuse headaches and/or chronic migraines.[1,2,4]
Candidates (denominator):	Patients with a history of migraine (submitted ICD-10 codes) in the last 2 years who have pharmacy claims for an acute migraine therapy (Table 1) in the last 60 days.
Exception criteria (numerator):	Candidates with 2 or more claims for an acute therapy at dosages (Tables 3 and 4) that exceed treating 4 migraine headaches per month based on quantities submitted in the last 60 days (unless the package insert specifies a different number of migraines per month that can be treated safely).

Performance Indicator #2: Underutilization of Preventive Migraine Therapy

Why has this indicator been selected?	Use of evidenced-based preventive therapy is an important part of migraine management, and it is estimated that approximately 38% of migraine patients would benefit from its use.[3] When used in patients with migraines, preventive therapy can reduce headache frequency, severity, duration, and/or disability and prevent the progression to chronic migraines.[2,5] Considerations for initiating preventive therapy include the following: 1) the presence of severe migraines that interfere with activities of daily living despite treatment or uncommon migraine subtypes; 2) three or more migraine episodes per month that produce some degree of disability; 3) use of multiple medications or overuse of acute therapies; and 4) contraindications to or adverse effects from acute therapies.[2] Additionally, prescribers should take into consideration a patient's comorbid conditions to minimize potential adverse events and maximize treatment through targeted selection of preventive therapies.[2,5]
Candidates (denominator):	Patients with a history of migraine (submitted ICD-10 codes) in the last 2 years who have pharmacy claims for an acute migraine therapy (Table 1) in the last 90 days.
Exception criteria (numerator):	Candidates who received acute therapy at doses that averaged treating 3 or more migraine headaches per month based on quantities submitted in the last 90 days (Tables 5 and 6). Additionally, these candidates will be further identified by history of the following comorbid conditions in the last year which could influence the choice of preventive therapy: asthma, bipolar disorder, depression, hypertension, insomnia, and seizure disorder. Excluded: Candidates receiving therapy with a preventive medication (Table 2), classified by the American Academy of Neurology as having either established efficacy or probable efficacy for prevention of episodic migraine headaches, in the last 90 days or a claim for onabotulinumtoxinA or eptinezumab-jjmr (submitted CPT codes) in the last 120 days.

Performance Indicator #3: Nonadherence with Preventive Migraine Therapy

Why has this indicator been selected?	Successful migraine prevention depends on several patient-related factors. These include having a clear understanding of therapeutic goals and limitations of their specific therapy, as well as common adverse effects.[2] Clinical benefit of oral preventive therapy can take up to 8 weeks at the target therapeutic dose to be realized, so patients may perceive their preventive migraine therapy as ineffective, potentially leading to medication nonadherence.[2] This may result in increased frequency and/or severity of acute attacks or may lead the prescriber to erroneously believe that a change in dose or therapy is needed to achieve adequate symptom control.
Candidates (denominator):	Patients with a history of migraine (submitted ICD-10 codes) in the last 2 years who have therapy with an oral preventive medication (Table 2) in the most recent 45 days and 90 to 135 days (identifies chronic therapy). Note: Rimegepant will not be included since claims for acute and preventive therapy cannot accurately be distinguished from claims history.
Exception criteria (numerator):	Candidates who received less than a 60-day supply of the oral preventive medication during the last 90-day period. Exclusion: Patients who are currently pregnant.

Performance Indicator #4: Underutilization of Migraine-Specific Therapy

Why has this indicator been selected?	The American Headache Society recommends the use of migraine-specific medications (i.e., triptans, dihydroergotamine [DHE], small molecule calcitonin-gene related peptide [CGRP] receptor antagonists, selective 5-HT_{1F} agonists) for moderate or severe attacks or, mild attacks that respond poorly to non-specific migraine therapy (i.e., NSAIDS, acetaminophen, nonopioid analgesics, caffeinated combination analgesics). Additionally, regular use of opioids and/or barbiturates for migraines is not recommended due to their adverse effects and risk of dependency.[1,2]
Candidates (denominator):	Patients with a history of migraine in the last 2 years (submitted ICD-10 codes) who have therapy with a butalbital-containing product in the last 90 days.
Exception criteria (numerator):	Candidates without history of acute migraine-specific therapy (Table 1) in the last 365 days. Exclusion: Patients who are currently pregnant.

Performance Indicator #5: Increased Risk of Adverse Events with Migraine Therapy

Why has this indicator been selected?	For patients with migraine receiving acute therapy, quality of care issues such as risk of adverse drug events should be monitored to promote optimal use of medications, medication adherence and, to ensure patient safety.[2,4]
Candidates (denominator):	Patients with a history of migraine in the last 2 years (submitted ICD-10 codes) who have therapy with a triptan or CGRP receptor antagonist therapy in the last 45 days.
Exception criteria (numerator):	Candidates with a history of a comorbid condition in the last 2 years that places them at increased risk of a serious adverse drug event (Table 7). Defined as a severity level 1 drug-disease contraindication by First Databank.[6]

References

1. Ashina M. Migraine. N Engl J Med. 2020;383:1866-76.
2. Ailani J, Burch RC, Robbins MS; the Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache 2021;61:1021–1039. Available at: https://doi.org/10.1111/head.14153. Accessed February 22, 2022.
3. Lipton RB, Bigal ME, Diamond M, Freitag F, et al. Migraine prevalence, disease burden, and the need for preventive therapy. Neurology. 2007;68:343-49.
4. Marmura MJ, Silberstein SD, and Schwedt TJ. The acute treatment of migraine in adults: The American Headache Society evidence assessment of migraine pharmacotherapies. Headache 2015;55:3-20.
5. Silberstein SD, Holland S, Freitag D, et al. Evidenced-based guideline update: pharmacologic treatment for episodic migraine prevention in adults. Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. Neurology 2012;78(17):1337-45. Available at: http://www.neurology.org/content/78/17/1337.full.pdf+html. Accessed February 22, 2022.
6. Level 1 Drug-Disease Contraindications. First Databank, Inc., San Francisco, CA.
7. Drugs@FDA: FDA-Approved Drugs. U.S. Food & Drug Administration website. Available at: https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm. Accessed February 28, 2022.

Table 1. Pharmacologic Therapy for Acute Migraine Treatment[1,2,4]

Migraine-Specific	Migraine Non-Specific
• CGRP receptor antagonists (i.e., rimegepant, ubrogepant) • Dihydroergotamine • Ergotamine-containing products • Lasmiditan • Triptans	• Butalbital-containing products • Combination analgesics (acetaminophen + aspirin + caffeine) • Non-steroidal anti-inflammatory drugs (NSAIDs) • Opioids

Table 2. Pharmacologic Therapy for Migraine Prevention[2,5]

Medication Class	Established or Probable Efficacy for Episodic Migraine Prevention	
Antidepressants	Amitriptyline Venlafaxine	
Antiepileptic Drugs	Divalproex Topiramate	
Beta-Blockers	Atenolol Metoprolol Nadolol	Propranolol Timolol
CGRP Receptor Antagonists	**Monoclonal antibodies:** Aimovig® (erenumab-aooe) Ajovy® (fremanezumab-vfrm) Emgality® (galcanezumab-gnlm) Vyepti® (eptinezumab-jjmr)	**Gepants:** Qulipta™ (atogepant) Nurtec® ODT (rimegepant)*
Other	Botox® (onabotulinumtoxinA)**	

* Indicated for both acute treatment and prevention of migraines
** Established efficacy for prevention of chronic migraines

Table 3. Triptan Quantity Limits[7]

Product	Available Doses	Maximum Daily Dosage	Maximum Monthly Quantity*	Maximum Monthly Quantity x 2 months
Almotriptan Tablets (Axert®, generic)	6.25mg, 12.5mg	25mg	100mg: 16 x 6.25mg tablets 8 x 12.5mg tablets	**32** x 6.25mg tablets **16** x 12.5mg tablets
Eletriptan Tablets (Relpax®, generic)	20mg, 40mg	80mg	240mg: 12 x 20mg tablets 6 x 40mg tablets	**24** x 20mg tablets **12** x 40mg tablets
Frovatriptan Tablets (Frova®, generic)	2.5mg	7.5mg	30mg: 12 x 2.5mg tablets	**24** x 2.5mg tablets
Naratriptan Tablets (Amerge®, generic)	1mg, 2.5mg	5mg	20mg: 20 x 1mg tablets 8 x 2.5mg tablets	**40** x 1mg tablets **16** x 2.5mg tablets
Rizatriptan Tablet/ODT (Maxalt®, Maxalt®-MLT, generic)	5mg, 10mg	30mg	120mg: 24 x 5mg tablets 12 x 10mg tablets	**48** x 5mg tablets **24** x 10mg tablets
Sumatriptan Injection (Imitrex Inj®, Imitrex STATdose system®, Alsuma™, generic)≠	4mg/0.5mL, 6mg/0.5mL cartridge, autoinjector 6mg/0.5mL vial, prefilled syringe	12mg (2 x 1mL dose)	48mg (4mL): 8 x 4mg/0.5mL cartridges/autoinjectors 8 x 6mg/0.5mL cartridges/autoinjectors 8 x 6mg/0.5mL vials/prefilled syringes	**8mL** 16 x 4mg/0.5mL cartridges/autoinjectors 16 x 6mg/0.5mL cartridges/autoinjectors 16 x 6mg/0.5mL vials/prefilled syringes
Sumatriptan Injection (Zembrace™ SymTouch™)	3mg/0.5mL autoinjector	12mg (2mL)	48mg (8mL): 16 x 3mg/0.5mL autoinjectors	**16mL** 32 x 3mg/0.5mL autoinjectors
Sumatriptan Intranasal Powder (Onzetra® Xsail)	11mg unit of use	44mg	176mg: 16 x 11mg units	**32** x 11mg units
Sumatriptan Nasal Spray (Imitrex®, generic)	5mg, 20mg unit of use	40mg	160mg: 32 x 5mg units 8 x 20mg units	**64** x 5mg units **16** x 20mg units
Sumatriptan Nasal Spray (Tosymra™)	10mg unit	30mg	120mg: 12 x 10mg units	**24** x 10mg units
Sumatriptan Tablets (Imitrex®, generic)**	25mg, 50mg, 100mg	200mg	900mg: 36 x 25mg tablets 18 x 50mg tablets 9 x 100mg tablets	**72** x 25mg tablets **36** x 50mg tablets **18** x 100mg tablets
Sumatriptan/Naproxen Tablets (Treximet®, generic)	85mg/500mg	170/1000mg	850/5000mg: 10 x 85mg/500mg tablets	**20** x 85mg/500mg tablets
Zolmitriptan Tablet/ODT (Zomig®, Zomig®-ZMT, generic)†	2.5mg, 5mg	10mg	40mg: 16 x 2.5mg tablets 8 x 5mg tablets	**32** x 2.5mg tablets **16** x 5mg tablets
Zolmitriptan Nasal (Zomig® Nasal Spray, generic)	2.5mg, 5mg unit of use	10mg	40mg: 16 x 2.5mg units 8 x 5mg units	**16** x 5mg units **36** x 2.5mg units

* The safety of treating an average of more than 4 migraine attacks in a 30-day period has been established for all triptans except eletriptan, zolmitriptan tablets and sumatriptan/naproxen. Eletriptan (Relpax) and zolmitriptan tablets (Zomig and Zomig-ZMT): safety of treating an average of more than 3 migraine attacks in a 30-day period has not been established; sumatriptan/naproxen (Treximet): safety of treating an average of more than 5 migraine attacks in a 30-day period has not been established. Zembrace, and Alsuma do not provide any guidance.

≠ Maximum 24 hr cumulative dose: 12mg as 2 x 6 mg injections (2 x 4 mg can be used if side effects)

** 9 tablets per package

† TX dosage limit/30 days: 40mg

Table 4. Non-Triptan Quantity Limits[7]

Product	Available Doses	Maximum Daily Dosage	Maximum Monthly Quantity*	Maximum Monthly Quantity x 2 Months
Butalbital-containing Tablets (Fiorinal®, Fioricet®, generic)	Various products containing Butalbital 50mg	6 tablets	24 tablets	**48** tablets
Butorphanol: Nasal (Stadol®, generic)†	10mg/mL (2.5 mL bottle)	4mg (4 sprays)	2 x 2.5mL bottle (16mg/16 sprays)	**7.5mL** (32 mg/32 sprays)
Diclofenac powder for oral solution (Cambia®, generic)††	50mg/packet	50mg	4 packets	**9** packets
Dihydroergotamine Injection (D.H.E. 45®, generic)	1mg/mL ampule	3mg (3 x 1mL ampule)	12mL	**24mL**
Dihydroergotamine: Nasal (Migranal®, Trudhesa™, generic)‡	4 mg/mL ampule	2 mg (1 x 1mL ampule)	4mL	**8mL**
	4 mg/mL single use vial	2 mg (2 x 1mL vials)	8mL	**16mL**
Ergotamine: SL Tablets (Ergomar®, generic)	2mg	3 tablets	12 tablets	**24** tablets
Ergotamine/Caffeine: Oral Tablets (Cafergot®, generic)	1mg/100mg	6 tablets	24 tablets	**48** tablets
Ergotamine/Caffeine: Rectal (Migergot®, generic)	2mg/100mg	2 suppositories	8 suppositories	**16** suppositories
Lasmiditan Tablets (Reyvow®)§	50mg, 100mg	1 dose	4 doses 4 x 50mg tablets 8 x 100mg tablets	**8** x 50mg tablets **16** x 100mg tablets
Ubrogepant Tablets (Ubrelvy®)≠	50mg, 100mg	200mg	1600mg: 32 x 50mg tablets 16 x100mg tablets	**64** x 50mg tablets **32** x 100mg tablets

* Based on treating 4 headaches/month with the exception of Ubrelvy.
† 1mg/1 spray in 1 nostril, may repeat 1mg dose within 60 to 90 minutes; the initial 2 dose sequence may be repeated in 3 to 4 hours as needed. One 2.5mL bottle=14-15 sprays
†† 9 packets per package
‡ Studies have not shown additional benefit from acute doses >2mg for a single migraine administration; Discard vial after use. Migranal: 4mg/mL kit contains 8 x 1mL ampules, Trudhesa: 4mg/mL kit contains 4 x 1mL vials (new vial needed for second dose).
§ A second dose has not been shown to be effective for the same migraine attack; 8 tablets per package, if 200 mg dose is needed, 2 x 100mg tablets should be used
≠ Safety of treating more than 8 migraine attacks in a 30-day period has not been established; 10 tablets per package or available in unit dose

Table 5. Triptan Therapy: Thresholds for Use of Preventive Therapy[7]

Product	Available Doses	Maximum Dosage for HA	Quantity for 3 HA/Month	Quantity for 3 HA/Month x 3 months
Almotriptan Tablets (Axert®, generic)	6.25mg, 12.5mg	25mg	6	**18**
Eletriptan Tablets (Relpax®, generic)	20mg, 40mg	80mg	6	**18**
Frovatriptan Tablets (Frova®, generic)	2.5mg	7.5mg	9	**27**
Naratriptan Tablets (Amerge®, generic)	1mg, 2.5mg	5mg	6	**18**
Rizatriptan Tablet/ODT (Maxalt®, Maxalt®-MLT, generic)	5mg, 10mg	30mg	9	**27**
Sumatriptan Injection (Imitrex Inj®, Alsuma™, generic)≠	4mg/0.5mL, 6mg/0.5mL cartridge, autoinjector 6mg/0.5mL vial, prefilled syringe	12mg (2 x 1mL dose)	3mL	**9mL**
Sumatriptan injection (Zembrace™ SymTouch™)	3mg/0.5mL autoinjector	12mg (2mL) (4 autoinjectors)	6mL (12 autoinjectors)	**18mL** (36 autoinjectors)
Sumatriptan Intranasal Powder (Onzetra®)*	11mg unit of use	44mg (4 units)	16	**48**
Sumatriptan Nasal Spray (Imitrex®, generic)	5mg, 20mg unit of use	40mg	6	**18**
Sumatriptan Nasal Spray (Tosymra™)†	10mg unit of use	30mg (3 units)	9	**27**
Sumatriptan Tablets (Imitrex®, generic)	25mg, 50mg, 100mg	200mg	6	**18**
Sumatriptan/Naproxen Tablets (Treximet®, generic)	85mg/500mg	170mg/1000mg	6	**18**
Zolmitriptan Tablet/ODT (Zomig®, Zomig®-ZMT, generic)	2.5mg, 5mg	10mg	6	**18**
Zolmitriptan Nasal Spray (Zomig® Nasal Spray, generic)	2.5mg, 5mg unit of use	10mg	6	**18**

≠ Maximum 24 hr cumulative dose: 12mg as 2 x 6 mg injections; 2 x 4 mg can be used if side effects
* 16 units per package
† 6 units per package and unit dose

Table 6. Non-Triptan Therapy: Thresholds for Use of Preventive Therapy[7]

Product	Available Doses	Maximum Dosage for HA	Quantity for 3 HA/Month*	Quantity for 3 HA/Month x 3 Months
Butalbital-containing Tablets (Fiorinal®, Fioricet®, generic)	Various products containing Butalbital 50mg	6 tablets	18	**54**
Butorphanol: Nasal (Stadol®, generic)†	10mg/mL (2.5 mL bottle)	4 mg (4 sprays)	2.5mL	**7.5mL**
Diclofenac powder for oral solution (Cambia®, generic)	50 mg/packet	1 packet	3	**9**
Dihydroergotamine Injection (D.H.E. 45®, generic)	1mg/mL ampule	3mL	9mL	**27mL**
Dihydroergotamine: Nasal (Migranal®, generic)‡	4mg/mL ampule	4 sprays (1 ampule)	3mL	**16mL**
Dihydroergotamine: Nasal (4mg/mL) (Trudhesa™)≠	4mg/mL vial	4 sprays (2 vials)	6mL	**20mL**
Ergotamine: SL Tablets (Ergomar®, generic)	2mg	3 tablets	9	**27**
Ergotamine/Caffeine: Oral Tablets (Cafergot®, generic)	1mg/100mg	6 tablets	18	**54**
Ergotamine/Caffeine: Rectal (Migergot®, generic)	2mg/100mg	2 suppositories	6	**18**
Lasmiditan Tablets (Reyvow®)**	50mg, 100mg	1 dose	3	**16**
Ubrogepant Tablets (Ubrelvy®)	50mg, 100mg	2 doses	6	**18**

* Takes into account number of tablets/units in original container/package size
† One 2.5mL bottle=14-15 sprays after taking into account priming
‡ Kit contains 8 x 1mL ampules; Discard vial after use
≠ Kit contains 4 x 1mL vials; Discard vial after use (new vial needed for second dose)
** 8 tablets per package; A second dose has not been shown to be effective for the same migraine attack

Table 7. Migraine Drug-Disease Contraindications[6]

Medication Class	Disease State
CGRP Receptor Antagonists	• Severe Hepatic Impairment (Child-Pugh Class C) o Atogepant o Rimegepant • Severe Renal Impairment (CKD Stage 5 eGFR < 15 mL/min) o Ubrogepant
Triptans	• Cerebrovascular Disease (cerebral vascular accident, ischemia) • Ischemic Bowel Disease • Ischemic Heart Disease (coronary artery disease/vasospasm, myocardial infarction) • Hemiplegic Migraine • Peripheral Vascular Disease • Severe Uncontrolled Hypertension

TEXAS
Health and Human Services

Cecile Erwin Young
Executive Commissioner

<<Date>>

«dea»
«name»
«add1»
«add2»
«add3»

RE: Caring for Patients with Migraines

Dear Dr. <<Name>>:

Thank you for providing quality care for Texas Fee-For-Service (FFS) Medicaid patients. The content of this letter has been approved by the Texas Drug Utilization Review (DUR) Board, whose function is to promote safe and cost-effective drug therapy and provide opportunities for continuous improvement of care.

This retrospective claims review was designed to assist you in maximizing outcomes and promoting the safe use of medications in your patients with migraines in the Texas Medicaid FFS program based on recommendations from the American Academy of Neurology and the American Headache Association.[1,2]

American Academy of Neurology: Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults: Available at: http://www.neurology.org/content/78/17/1337.full.pdf+html

American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice: Available at: https://headachejournal.onlinelibrary.wiley.com/doi/10.1111/head.14153

The total Texas Medicaid Fee-For-Service performance indicators for all adult patients with opportunities for improving the safe and effective use of migraine medications are shown in the table below.

Total Texas Medicaid FFS Specific Data

Migraine Management Indicator Summary	Number of Opportunities*	
	< 18 Years	**≥ 18 Years**
• Identify patients who may be overutilizing acute migraine therapy	N/A	2
• Promote the use of and encourage adherence to migraine preventive therapy	N/A	25
• Identify patients using a non-specific migraine medication to treat acute migraines	N/A	4
• Promote safe and effective use of medications through identification of potential adverse drug events associated with migraine therapy	N/A	4

*Based on data through 3/18/2022.

The enclosed patient profiles reflect one or more of the above issues and are provided as a medical record reminder for when your patients return for their next appointments.

We acknowledge that there may be clinical variables influencing an individual patient's management that are not apparent in claims data. However, we believe the issues identified may assist you in caring for your patient(s). It is possible that your license number may have been inadvertently assigned to the claim as an error at the pharmacy during the billing process. **Also, some prescribed medications as well as some recommended laboratory monitoring or physical examinations may not appear on the patient's profile because they may have been privately purchased or were not billable to Medicaid Services.** We thank you for reviewing this information and caring for Texas Medicaid patients, and we welcome the opportunity to discuss any comments or concerns you may have about our quality management program. Please feel free to call our office at 1-866-923-7208 with questions or concerns. If your mailing address is incorrect, it must be updated through the Texas Medical Board online at **http://www.tmb.state.tx.us/page/change-address.**

Sincerely,

Medicaid Drug Use Review Board
Vendor Drug Program H-630

Migraine Management Indicator Summary
Identify patients who may be overutilizing acute migraine therapy: • Pharmacologic therapy is the mainstay of migraine management and there are several effective pharmacologic classes available for patients to utilize for both treatment and prevention (Table 1 and 2). If acute therapy is being used on a frequent basis or is overutilized (i.e., exceeding maximum daily dose and/or recommended frequency of use), patients may experience adverse effects from the medication or have an increased risk of medication-overuse headaches and/or chronic migraines.[1-3]
Promote the use of and encourage adherence to migraine preventive therapy: • Use of evidenced-based preventive therapy is an important part of migraine management (Table 2). When used in patients with migraines, preventive therapy can reduce headache frequency, severity, duration, and/or disability and prevent the progression to chronic migraines.[1,2] Considerations for initiating preventive therapy include the following: 1) presence of severe migraines that interfere with activities of daily living despite treatment or uncommon migraine subtypes; 2) three or more migraine episodes per month that produce some degree of disability; 3) use of multiple medications or overuse of acute therapies; and 4) contraindications to or adverse effects from acute therapies.[2] Additionally, some medications used to treat other disease states, such as depression, hypertension, or seizure disorders, are also effective for preventing migraine headaches, and should be considered when preventive therapy is initiated to maximize both treatments.[1,2] • Successful migraine prevention depends on several patient-related factors. These include having a clear understanding of therapeutic goals and limitations of their specific therapy, as well as common adverse effects.[2] Clinical benefit of preventive therapy can take time to be realized (i.e., up to 8 weeks at the target therapeutic dose for oral agents, 3 months for monthly administered calcitonin gene-related peptide monoclonal antibodies [CGRP mAbs], 6 months for quarterly administered CGRP mAbs), so patients may perceive their preventive migraine therapy as ineffective, potentially leading to medication nonadherence.[2] This may result in increased frequency and/or severity of acute attacks or may lead the prescriber to erroneously believe that a change in dose or therapy is needed to achieve adequate symptom control.
Identify patients using a non-specific migraine medication to treat acute migraines: • The American Headache Society recommends the use of migraine-specific medications (i.e., triptans, dihydroergotamine, small molecule CGRP receptor antagonists [Ubrelvy® and Nurtec® ODT], selective 5-HT_{1F} agonist [Reyvow®]) for moderate or severe attacks, or mild attacks that respond poorly to non-specific migraine therapy (i.e., NSAIDS, acetaminophen, nonopioid analgesics, caffeinated combination analgesics). Additionally, regular use of opioids and/or barbiturates for migraines is not recommended due to their adverse effects and risk of dependency.[2]
Promote safe and effective use of medications through identification of potential adverse drug events associated with migraine therapy: • For patients with migraines receiving acute therapy, quality of care issues such as risk of adverse drug events should be monitored to promote optimal use of medications, medication adherence and, to ensure patient safety. Due to the risk of significant adverse effects, migraine therapies should not be initiated and/or continued when drug-disease contraindications exist (Table 3).[3-5]

References:

1. Silberstein SD, Holland S, Freitag D, et al. Evidenced-based guideline update: pharmacologic treatment for episodic migraine prevention in adults. Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. Neurology 2012;78(17):1337-45. Available at: http://www.neurology.org/content/78/17/1337.full.pdf+html. Accessed March 2, 2022.
2. Ailani J, Burch RC, Robbins MS; the Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache 2021;61:1021–1039. Available at: https://doi.org/10.1111/head.14153. Accessed March 2, 2022.
3. Marmura MJ, Silberstein SD, and Schwedt TJ. The acute treatment of migraine in adults: The American Headache Society evidence assessment of migraine pharmacotherapies. Headache 2015;55:3-20.
4. Level 1 Drug-Disease Contraindications. First Databank, Inc., San Francisco, CA.
5. Drugs@FDA: FDA-Approved Drugs. U.S. Food & Drug Administration website. Available at: https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm. Accessed March 2, 2022.

Table 1: Pharmacologic Therapy for Acute Migraine Treatment[1-3]

Migraine-Specific	Migraine Non-Specific
• CGRP receptor antagonists (i.e., rimegepant, ubrogepant) • Dihydroergotamine • Ergotamine-containing products • Lasmiditan • Triptans	• Butalbital-containing products • Combination analgesics (acetaminophen + aspirin + caffeine) • Non-steroidal anti-inflammatory drugs (NSAIDs) • Opioids

Table 2: Pharmacologic Therapy for Migraine Prevention[1,2]

Medication Class	Established or Probable Efficacy for Episodic Migraine Prevention	
Antidepressants	Amitriptyline Venlafaxine	
Antiepileptic Drugs	Divalproex Topiramate	
Beta-Blockers	Atenolol Metoprolol Nadolol	Propranolol Timolol
CGRP Receptor Antagonists	**Monoclonal antibodies:** Aimovig® (erenumab-aooe) Ajovy® (fremanezumab-vfrm) Emgality® (galcanezumab-gnlm) Vyepti® (eptinezumab-jjmr)	**Gepants:** Qulipta™ (atogepant) Nurtec® ODT (rimegepant)*
Other	Botox® (onabotulinumtoxinA)**	

* Indicated for both acute treatment and prevention of migraines
** Established efficacy for prevention of chronic migraines

Table 3: Drug-Disease Contraindications for Migraine Therapies[4,5]

Medication Class	Disease State
CGRP Receptor Antagonists	Severe Hepatic Impairment (Child-Pugh Class C): Qulipta™, Nurtec® ODT Severe Renal Impairment (CKD Stage 5 eGFR < 15 mL/min): Ubrelvy®
Triptans	Cerebrovascular Disease (cerebral vascular accident, cerebral ischemia) Ischemic Bowel Disease Ischemic Heart Disease (coronary heart disease/vasospasm, myocardial infarction) Hemiplegic Migraine Peripheral Vascular Disease Severe Uncontrolled Hypertension

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1379	Migraine: Overutilization of Ergot Therapy	Potential Overutilization of Ergot Therapy: According to submitted pharmacy and medical claims, it appears that your patient may be using an ergot derivative (ergotamine, dihydroergotamine) excessively for migraine headache relief. This type of utilization can increase the risk of adverse drug events and may lead to medication-overuse headaches or chronic migraines. Please review the use of this acute migraine therapy with your patient, discuss avoidance of migraine triggers, and consider the addition or optimization of migraine preventive therapy.
1385	Incr ADE: 5-HT Agonists and Ischemic Heart Disease	Drug-Disease Contraindication-Triptan and Ischemic Heart Disease: According to submitted pharmacy and medical claims, it appears that your patient has ischemic heart disease and has received a triptan. Use of triptans is contraindicated in patients with ischemic heart disease due to the increased risk of coronary vasospasm. Please review the need for this medication and consider alternative therapy.
1386	Incr ADE: 5-HT Agonists and Hypertension	Drug-Disease Contraindication-Triptan and Hypertension: According to submitted pharmacy and medical claims, it appears that your patient has hypertension and has received a triptan. Use of triptans is contraindicated in patients with uncontrolled hypertension because these drugs may cause a transient increase in blood pressure. If your patient's blood pressure is uncontrolled, please consider alternative therapy.
1387	Incr ADE: 5-HT Agonists and Cerebrovascular Disease	Drug-Disease Contraindication-Triptan and Cerebrovascular Disease: According to submitted pharmacy and medical claims, it appears that your patient has cerebrovascular disease and has received a triptan. Use of triptans is contraindicated in patients with cerebrovascular disease because they may increase the risk of cerebral hemorrhage, subarachnoid hemorrhage, stroke, and other cerebrovascular events. Please review the need for this medication and consider alternative therapy.
1388	Incr ADE: 5-HT Agonists and Peripheral Vascular Syndromes	Drug-Disease Contraindication-Triptan and Peripheral Vascular Disease: According to submitted pharmacy and medical claims, it appears that your patient has peripheral vascular disease/ischemia and has received a triptan. Use of triptans is contraindicated in patients with peripheral vascular syndromes because they may cause peripheral vasospastic reactions. Please review the need for this medication and consider alternative therapy.
1422	Migraine: Dx= Insomnia and/or Depression	Migraine Diagnosis with Insomnia and/or Depression: According to submitted pharmacy and medical claims, it appears that your patient has a history of migraine and insomnia and/or depression. Please consider comorbidity if prescribing preventive migraine therapy (e.g., consider the use of an antidepressant such as amitriptyline or venlafaxine, if appropriate).
1424	Migraine: Dx = Hypertension	Migraine Diagnosis with Hypertension: According to submitted pharmacy and medical claims, it appears that your patient has a history of migraine and hypertension. Please consider comorbidity if prescribing preventive migraine therapy (e.g., consider the use of an antihypertensive such as a beta-blocker, if appropriate).

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1425	Migraine: Dx= Reactive Airway Disease	Migraine Diagnosis with Reactive Airway Disease: According to submitted pharmacy and medical claims, it appears that your patient has a history of migraine and reactive airway disease. Please consider comorbidity if prescribing preventive migraine therapy (e.g., avoid the use of non-cardioselective beta-blockers).
1426	Migraine: Dx= Seizures and/or Bipolar Disorder	Migraine Diagnosis with Seizure and/or Bipolar Disorder: According to submitted pharmacy and medical claims, it appears that your patient has a history of migraine and seizure and/or bipolar disorder. Please consider comorbidity if prescribing preventive migraine therapy (e.g., consider the use of divalproex in patients with bipolar disorder and divalproex or topiramate in patients with seizures, if appropriate).
2096	Nonadherence: Preventive Migraine Meds	Nonadherence - Preventive Migraine Medication: According to submitted pharmacy and medical claims, it appears that your patient with migraine headaches may be nonadherent with a medication used for migraine prevention. Prescription data suggests your patient received less than 60 days of maintenance therapy in recent 90-day period. When taken on a regular basis, preventive therapy may reduce the frequency, intensity, and/or duration of acute migraine attacks. Please review this information to determine the best course of action for your patient.
4761	Migraine: Overutilization of Butalbital Product	Potential Overutilization of Butalbital Product: According to submitted pharmacy and medical claims, it appears that your patient may be using a butalbital product excessively for migraine headache relief. This type of utilization can increase the risk of adverse drug events and may lead to medication-overuse headaches or chronic migraines. Please review the use of this acute migraine therapy with your patient, discuss avoidance of migraine triggers, and consider the addition or optimization of migraine preventive therapy.
4762	Migraine: Overutilization Triptan Therapy	Potential Overutilization of Triptan Therapy: According to submitted pharmacy and medical claims, it appears that your patient may be using a triptan excessively for migraine headache relief. This type of utilization can increase the risk of adverse drug events and may lead to medication-overuse headaches or chronic migraines. Please review the use of this acute migraine therapy with your patient, discuss avoidance of migraine triggers, and consider the addition or optimization of migraine preventive therapy.
6916	Incr ADE: Naratriptan with Severe Renal Impairment	Drug-Disease Contraindication-Naratriptan and Severe Renal Impairment: According to submitted pharmacy and medical claims, it appears that your patient taking naratriptan for migraine headaches has a history of severe renal impairment. Naratriptan is contraindicated for use in patients with severe renal impairment due to decreased clearance of the drug and should be used with caution, in lower doses, in patients with mild to moderate renal impairment. Please review the use of naratriptan in your patient and consider if a dose reduction or alternative therapy is warranted.
11837	Incr ADE: 5-HT Agonists and Hemiplegic Migraine	Drug-Disease Contraindication-Triptan and Hemiplegic Migraine: According to submitted pharmacy and medical claims, it appears that your patient is receiving triptan therapy and has a history of hemiplegic migraine. Due to their vasoconstrictive properties, triptans are contraindicated for use in patients with hemiplegic migraine. Please review the need for this

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		medication and consider alternative therapy.
11879	Migraine: Overutilization of Butorphanol NS	Potential Overutilization of Butorphanol Nasal Spray: According to submitted pharmacy and medical claims, it appears that your patient may be using butorphanol nasal spray (Stadol NS) excessively for migraine headache relief. This type of utilization can increase the risk of adverse drug events and may lead to medication-overuse headaches or chronic migraines. Please review the use of this acute migraine therapy with your patient, discuss avoidance of migraine triggers, and consider the addition or optimization of migraine preventive therapy.
14742	Migraine: Underutilization of Preventive Trt	Underutilization of Preventive Migraine Therapy: According to submitted pharmacy claims, it appears that your patient's utilization of acute migraine therapies may reflect the need for preventive therapy. It also appears, they are not currently receiving preventive migraine therapy or are using therapy that is not recognized by the American Academy of Neurology as having established or probable efficacy. Preventive therapy is generally recommended for patients experiencing three or more migraines per month with some degree of disability, using multiple medications without adequate relief or acute therapies more than twice a week, or if contraindications or intolerances to acute therapies exist. Please review your patient's migraine therapy and consider the addition of evidenced-based preventive therapy, if appropriate.
116311	Underutilization of Acute Migraine-Specific Therapy	Potential Underutilization of Acute Migraine-Specific Therapy: According to submitted pharmacy and medical claims, it appears that your patient with migraine headaches is using a non-specific acute migraine therapy (barbiturate) but may not have tried a migraine-specific therapy (triptan, dihydroergotamine, small molecule CGRP antagonist, lasmiditan, ergotamine). The American Headache Society recommends the use of migraine-specific medications for moderate or severe attacks, or mild attacks that respond poorly to nonspecific therapy (NSAIDS, acetaminophen, nonopioid analgesics, caffeinated combination analgesics). Additionally, use of opioids and barbiturates for migraines are not recommended for regular use due to their adverse effects and risk of dependency. Please review your patient's record to determine if a change in therapy is warranted.
116497	Migraine: Overutilization of CGRP Antagonist	Potential Overutilization of CGRP Antagonist: According to submitted pharmacy and medical claims, it appears that your patient may be using a calcitonin gene-related peptide (CGRP) antagonist (Ubrelvy) excessively for migraine headache relief. This type of utilization can increase the risk of adverse drug events. Please review the use of this acute migraine therapy with your patient, discuss avoidance of migraine triggers, and consider the addition or optimization of migraine preventive therapy.
116499	Migraine: Overutilization of Diclofenac	Potential Overutilization of Diclofenac: According to submitted pharmacy and medical claims, it appears that your patient may be using diclofenac (Cambia) excessively for migraine headache relief. This type of utilization can increase the risk of adverse drug events and may lead to medication-overuse headaches or chronic migraines. Please review the use of this acute migraine therapy with your patient, discuss avoidance of migraine triggers, and consider the addition or optimization of migraine preventive

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		therapy.
116500	Migraine: Overutilization of Lasmiditan	Potential Overutilization of Lasmiditan: According to submitted pharmacy and medical claims, it appears that your patient may be using lasmiditan (Reyvow) excessively for migraine headache relief. This type of utilization can increase the risk of adverse drug events and may lead to medication-overuse headaches or chronic migraines. Please review the use of this acute migraine therapy with your patient, discuss avoidance of migraine triggers, and consider the addition or optimization of migraine preventive therapy.
116509	IADE: Ubrogepant and End-Stage Renal Disease	Drug-Disease Contraindication-Ubrogepant and End-Stage Renal Disease: According to submitted pharmacy and medical claims, it appears that your patient taking ubrogepant (Ubrelvy) for migraine headaches has a history of end-stage renal disease (ESRD). Ubrogepant is eliminated mainly through metabolism, however renal elimination plays a minor role. Since ubrogepant has not been studied in this population and exposure to ubrogepant may increase, it is not recommended for use in patients with a creatinine clearance of <15 mL/min. Please review this information and consider if alternative therapy is warranted.
116510	IADE: CGRP Receptor Antagonist and Severe Hepatic Impairment	Drug-Disease Contraindication-CGRP Receptor Antagonist and Severe Hepatic Impairment: According to submitted pharmacy and medical claims, it appears that your patient taking a calcitonin gene-related peptide (CGRP) receptor antagonist (Nurtec ODT, Qulipta) for migraine headaches has a history of severe hepatic impairment. The primary route of elimination for these CGRP receptor antagonists is metabolism and significantly increased plasma concentrations have been seen when used in patients with severe hepatic impairment (Child-Pugh Class C). Therefore, use of these specific CGRP receptor antagonists is not recommended in patients with severe hepatic impairment (Child-Pugh Class C). Please review this information and consider if alternative therapy is warranted.
116527	Incr ADE: Naratriptan with Severe Hepatic Impairment	Drug-Disease Contraindication-Naratriptan and Severe Hepatic Impairment: According to submitted pharmacy and medical claims, it appears that your patient taking naratriptan for migraine headaches has a history of severe hepatic impairment. Naratriptan is contraindicated for use in patients with severe hepatic impairment (Child-Pugh Class C) because of decreased clearance and should be used with caution, in lower doses, in patients with mild to moderate hepatic impairment. Please review the use of naratriptan in your patient and consider if a dose reduction or alternative therapy is warranted.