



## Quantity Limits for All Triptans

A limit of 18 doses per 29 days is in place for medications in the triptan class. All drugs and dosage forms are included. For example, if a patient filled a prescription for 2 syringes of Imitrex® (sumatriptan) on July 1, 2009 they could not receive more than 16 doses of Amerge® (naratriptan) tablets before July 30, 2009 without Prior Authorization.

## Prevention of Medication Overuse Headache (MOH)

*Written by Jenny Warneking, UNMC PharmD Candidate 2010*

Migraine is a common, recurring, severe headache that interferes with a person's ability to function properly. It is characterized as recurrent episodes of throbbing, unilateral head pain which can last from 4 to 72 hours when untreated. More than 29.5 million Americans suffer from migraines with women being affected three times more often than men. In the past year, Nebraska Medicaid had 3,730 patients with a migraine diagnosis. Many patients are unaware that medication overuse can precipitate rebound headaches and worsen migraines.

Medication Overuse Headache (MOH) is the result of frequent or excessive use of acute migraine medications creating a pattern of increased headache frequency and drug consumption. The headache-medication cycle occurs when a headache returns after the effect of the medication tapers off and higher consumption of the drug is needed for

relief. Medication overuse is the most common cause of chronic daily headache. The most common medications which cause MOH include acetaminophen, butalbital, caffeine, ergotamine tartrate, opiates, combination products of the listed ingredients, intranasal butorphanol, and triptans. (Specific examples of the combination products are listed below.)

- Excedrin®, Excedrin Migraine® and Anacin Advanced Headache Formula®
- Fiorinal®, Fioricet®, Esgic®
- Tylenol with Codeine®, Norco®, Vicodin®, and Percocet®

The use of acute migraine therapy should be limited to two days a week to avoid medication overuse headache. Patients exceeding this limit are most likely experiencing a medication overuse headache and should receive prophylactic medication daily. The suspected medication should be discontinued and prophylactic therapy should be initiated simultaneously. Prophylactic migraine therapy reduces frequency, severity, and duration of attacks and improves responsiveness to acute migraine therapies.

Many medication options are available for migraine prophylaxis. The following should be considered when selecting treatment: efficacy, co-morbid psychiatric or medical illness, patient preference, and patient compliance. Listed on page 2 are the most cost-effective drugs recognized as having benefit in the prevention of migraines.

CONTINUED ON PAGE 2

CONTINUED FROM PAGE 1

It is important to note that the average cost of a *single triptan tablet* is \$23.10\*. Patients experiencing migraines refractory to the medications listed to the right may benefit from valproic acid (125-200 mg/day,) or topiramate (50-150 mg/day). The cost of a 30 day supply of valproic acid and topiramate is \$33.00\* and \$7.20\*, respectively.

Prophylactic drug therapy should be initiated at low doses and titrated slowly. Migraine patients often experience therapeutic success at doses that are lower than those necessary for other indications. Patient compliance should be emphasized. It is a critical component for the effectiveness of prophylactic migraine therapy. Overuse of acute migraine medication hinders the therapeutic effects of prophylaxis. Once a patient has recovered from MOH, it may require one to three months of prophylactic therapy before the patient recognizes a benefit.

Migraine prevention is recommended for six to twelve months after the frequency and severity of the headaches have diminished. The medication should then be tapered gradually and discontinued. To ensure optimal results, patients should document their progress with the use of a headache diary and be encouraged to avoid using acute migraine medications more than two days a week.

Many migraine sufferers self-medicate, or use acute migraine medications inappropriately, leading to the development of medication overuse headache. It is important for the provider to be able to recognize when a patient is using acute medication inappropriately and when prophylaxis is needed. Appropriate treatment of Medication Overuse Headache improves patient outcomes and is more cost-effective for Nebraska taxpayers.

**References**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2009. URL: <http://www.clinicalpharmacology.com> Updated June 2009.
2. First Health Services Corporation Data
3. Herndon KC, King DS. Headache Disorders. In: DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey LM. Pharmacotherapy: A Pathophysiologic Approach. McGraw-Hill Companies, Inc; 2005: 1105-1121.
3. 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: 40-52.
4. Migraine. National Headache Foundation 2009. [http://www.headaches.org/education/Headache\\_Topic\\_Sheets/Migraine](http://www.headaches.org/education/Headache_Topic_Sheets/Migraine) (accessed 06/15/09).

Cost-Effective Options for Migraine Prophylaxis		
Drug	Daily Dose	Cost of 30 day supply*
Amitriptyline	10-150 mg	\$2.70
Atenolol	25-100 mg	\$1.95
Diltiazem	120-360 mg	\$13.80
Metoprolol	50-200 mg	\$1.68
Nadolol	20-120 mg	\$7.80
Naproxen	400-1100 mg	\$6.00
Propranolol	20-160 mg	\$3.90
Verapamil	120-480 mg	\$12.91

\*Medicaid rate of pharmacy reimbursement for drug cost only, as reported by First Health Services, 6-26-09.

**Midrin Not Covered**

Centers for Medicare and Medicaid Services (CMS) informed Nebraska Medicaid that all combinations of isometheptene mucate, dichloralphenazone and acetaminophen including Midrin®, Duradrin® and Amidrine® are not FDA-approved as safe and effective. Coverage of these drugs ended 1/1/2009.

**NEBRASKA DUR**

**DUR Director**  
 Marcia Mueting, PharmD, RP  
 6221 S 58th Street, Suite A  
 Lincoln, Nebraska 68516  
*Phone* (402) 420-1500  
*Fax* (402) 420-1406  
*Email* [dur@npharm.org](mailto:dur@npharm.org)  
*Website* [www.durnebraska.org](http://www.durnebraska.org)

**Nebraska Medicaid**  
 Health & Human Services  
 PO Box 95026  
 Lincoln, Nebraska 68509-5026  
*Phone* (402) 471-9029  
*Fax* (402) 471-9092  
*Email* [medicaid.pharmacy@dhhs.ne.gov](mailto:medicaid.pharmacy@dhhs.ne.gov)  
*Website* [www.hhs.state.ne.us/med/medprog.htm](http://www.hhs.state.ne.us/med/medprog.htm)