



Treatments for headaches and migraines

May 12, 2021 | 2:00-3:00 p.m. ET

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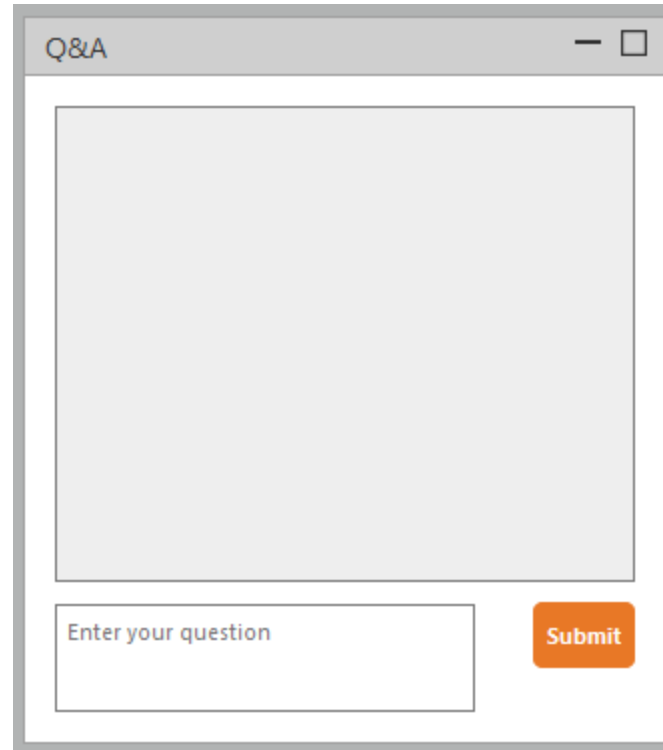
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A screenshot of a Q&A interface window. The window has a title bar with the text "Q&A" and standard window control icons (minimize, maximize, close). The main area is a large, empty rectangular box. Below this box is a text input field with the placeholder text "Enter your question" and an orange "Submit" button to its right.

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Treatments for Headaches and Migraines Wednesday, May 12, 2021

Presentation

Treatments for headaches
May 12, 2021 | 2:00-3:00 p.m. ET

Related Content

- Resources and Troubleshooting (opens in new window)
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Q&A

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Presenters



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Clinical Pharmacist Liaison



Scott Phillips, PharmD
Clinical Services

Discussion topics

- Scope of the problem
- Headache classifications
- Non-Pharmacologic Therapy
- Pharmacologic Therapy
- Looking ahead in your claims



Scope of the problem

Headaches are...

Responsible for
3%
of emergency
department
visits annually

4th

Most common
reason for a visit
to the emergency
department



Migraines are...

Classified by the Global Burden of Diseases (GBD) as the

2nd world cause of years of life lived with disability (YLDs)

And the

1st cause of YLDs in under 50s in both genders

At the highest peak of burden between the ages of 30 to 49 years old



Steiner, T.J., Stovner, L.J., Vos, T. *et al.* Migraine is *first* cause of disability in under 50s: will health politicians now take notice?. *J Headache Pain* **19**, 17 (2018). <https://doi.org/10.1186/s10194-018-0846-2>

Work-related statistics on headaches

38-39%

missed out on
earning potential and
opportunities
respectively

29%

changed jobs to
minimize likelihood
of migraine

\$19.3B Estimated total indirect cost associated
with migraine in the United States
81% attributable to absenteeism

- Majority of work-related impact statistics are based on migraines and absenteeism
- People with TTH tend to “work through” the headaches but with reduced productivity costs.

A company with 150,000 employees,
the loss is estimated at
\$350M per year.

Ref ehstoday.com

Missed work-related opportunities due to migraines among U.S. adults 2017. Published by [John Elflein](#), Jul 22, 2019. *Ref Statista.com* (Good charts graphics etc.)

Causality of headaches

- Trauma
- Orthopedic injuries
- Ergonomics
- Sleep disorders (shift work, i.e.)
- Environmental and/or chemical exposures
- Stress (physical and emotional)
- Side effect of medications
- Exacerbation of pre-existing medical condition

Headaches are ratable – AMA Guide to the Evaluation of Permanent Impairment

Ref -Article California WC published 2019 by Edward Singer Attorney. <https://www.workinjuryhelp.com/headache-injury-claims-what-to-know/>

Poll #1

- You must answer **all three poll questions** to qualify for CE credit.
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Example poll question?

A. Option 1

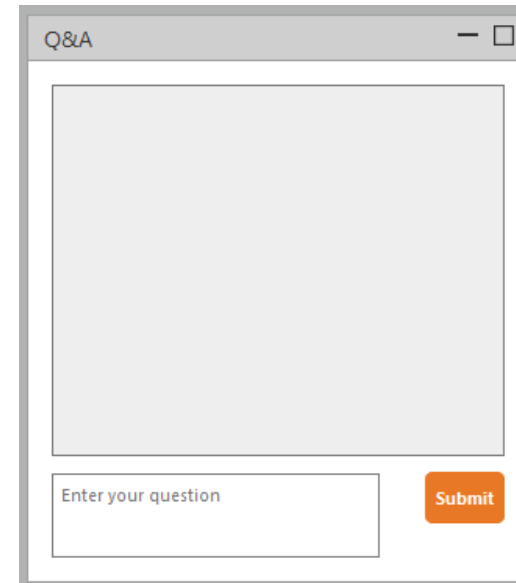
B. Option 2

C. Option 3

Submit

OR

Send your answer in the Q&A panel



Q&A

Enter your question

Submit



Headache classifications

Primary types

MIGRAINE



TENSION (TTH)



CLUSTER



OTHER



Tension-type headache (TTH)

- Most common type of headache
- Nonspecific symptoms
- Dull, pressure, “tight band”



78% of adults will experience a tension headache

CLASSIFICATION

- Infrequent Episodic
- Frequent Episodic < 15 days/month
- Chronic >15 days/month
- Tension type can coexist with Migraine

Migraines

- Symptoms
Unilateral, Aura +/-, N/V, complex migraines
- Hereditary component
Genetically 75% chance with parental migraines
- Hormonal component
2-3x more likely in women
- Incidence change during puberty, pregnancy, menopause

CLASSIFICATION

- Infrequent Episodic
- Frequent Episodic < 15 days/month
- Chronic >15 days/month
- Tension type can coexist with Migraine



Migraines effect
13% or **29.5M**
Americans

Secondary types

- Trauma
- Substances
Exposure, medication side effects, withdrawal/rebound headaches
- Homeostasis
Sleep, Hypertension, Altitudes
- Head, eyes, ears, nose, and throat (HEENT) disorders
 - Vascular
 - Non Vascular
 - Infection
 - Other
- Psychiatric Disorders

Category III: Neuropathies

- Defined as neuropathic pain of the head caused by a lesion or disease
- Examples:
 - Trigeminal neuralgia
 - Occipital neuralgia
 - Post herpetic
 - Central Pain – multiple sclerosis or post stroke



Non-pharmacological headache treatments

Non-pharmacological treatment of headaches

- Symptoms: frequency, intensity and duration
Pain diaries helpful for diagnosis, triggers and progress in treatment
- Always look for underlying cause
- Pharmacological Management

NON-PHARMACOLOGICAL STRATEGIES

- Relaxation techniques
- Proper sleep and diet habits
- Exercise
- Avoid behaviors or situations that may trigger an attack.
- Physical therapy (Exercise, traction, MFR, dry needling)
- Trigger point injections
- Biofeedback
- Acupuncture
- Massage

Poll #2

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Example poll question?

A. Option 1

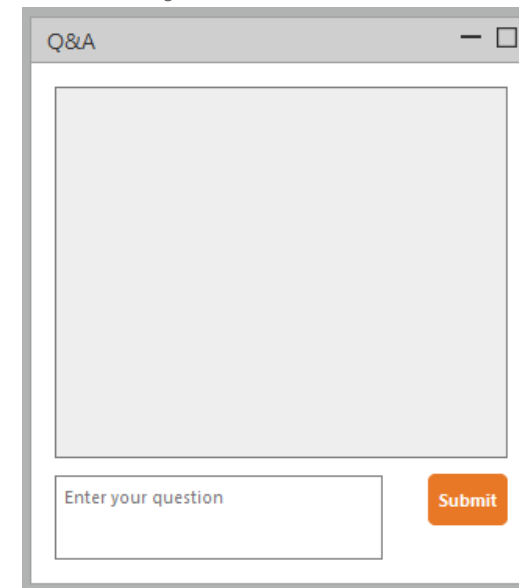
B. Option 2

C. Option 3

Submit

OR

Send your answer in the Q&A panel



Q&A

Enter your question

Submit



Pharmacological treatments for headaches and migraines

Pharmacological treatments for headaches and migraines

Over-the-counter Analgesics	Non-steroidal Anti-inflammatory Drugs	Ergots	Triptans	5-HT1F Receptor Agonist	CGRP Antagonists
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Pharmacological treatments for headaches and migraines

Over-the-counter Analgesics	Non-steroidal Anti-inflammatory Drugs	Ergots	Triptans	5-HT1F Receptor Agonist	CGRP Antagonists
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EXAMPLES

- Acetaminophen
- Aspirin
- NSAIDS (Ibuprofen, naproxen)
- Excedrin Migraine (acetaminophen/ aspirin/caffeine)

CLINICAL PEARLS

- Most OTC formulations are for general headaches/pain.
- Acetaminophen/Aspirin/Caffeine -Excedrin Migraine is only OTC approved/labeled for migraine treatment. Generally, low cost, symptomatic relief for mild headache/migraine pain
- Acetaminophen is a common ingredient in combination medications/analgesics, daily dose should not exceed 4000mg for all formulations utilized.

GUIDELINES

ODG does not specifically address the use of OTC formulations for migraine; single ingredient OTC products are generally Y drugs on ODG formulary

ACOEM does not address use of OTC formulations for migraine

Pharmacological treatments for headaches and migraines

Over-the-counter Analgesics	Non-steroidal Anti-inflammatory Drugs	Ergots	Triptans	5-HT _{1F} Receptor Agonist	CGRP Antagonists
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EXAMPLES

- Cambia (diclofenac powder for oral solution)
- Naproxen
- Ibuprofen

CLINICAL PEARLS

- Only NSAID with FDA approval for migraine is Cambia (diclofenac oral solution). Other NSAIDs have been used off label (mainly naproxen and ibuprofen).
- If NSAIDs are utilized for migraine, could see additional medications such as Proton Pump inhibitors (i.e. omeprazole, lansoprazole), H₂ Blockers (i.e. famotidine) added for GI protection.
- Nausea and vomiting can accompany migraines themselves, may also see medications for treating nausea and vomiting (such as promethazine, prochlorperazine, ondansetron)
- NSAIDs are not recommended for acute migraine management during pregnancy

GUIDELINES

ODG: Does not specifically address the use NSAIDs for migraine. Cambia is an unaddressed drug on formulary

ACOEM: Not recommended for migraines due to traumatic brain injury (TBI)

Pharmacological treatments for headaches and migraines

Over-the-counter Analgesics	Non-steroidal Anti-inflammatory Drugs	Ergots	Triptans	5-HT1F Receptor Agonist	CGRP Antagonists
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EXAMPLES

- Dihydroergotamine (D.H.E 45 injection, Migranal nasal spray)
- Ergotamine-caffeine (Cafergot, Migergot)

CLINICAL PEARLS

- Contraindicated in pregnancy and breastfeeding
- Avoid use if history of cardiovascular conditions/high risk for cardiovascular complications
- Avoid use within 24 hours of triptans or 5-HT1F agonist (Reyvow, lasmiditan) and other serotonergic medications
- Avoid use in elderly
- If used for more than 10 days per month can lead to medication overuse headaches

GUIDELINES

ODG – does not specifically address the use ergots for migraine, unaddressed on formulary

ACOEM – Recommended for migraines post traumatic brain injury (TBI)

Pharmacological treatments for headaches and migraines

Over-the-counter Analgesics	Non-steroidal Anti-inflammatory Drugs	Ergots	Triptans	5-HT _{1F} Receptor Agonist	CGRP Antagonists
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EXAMPLES

- Sumatriptan (Imitrex, Onzetra Xsail, Tosymra, Zembrace SymTouch)
- Rizatriptan (Maxalt, Maxalt MLT)
- Almotriptan (Axert)
- Eletriptan (Relpax)
- Frovatriptan (Frova)
- Naratriptan (Amerge)
- Zolmitriptan (Zomig, Zomig ZMT, Zomig nasal spray)
- Treximet (sumatriptan and naproxen combination)

CLINICAL PEARLS

- Available in variety of formulations (oral and disintegrating tablets, subcutaneous injections, nasal sprays, and nasal powder inhalers)
- Contraindicated in patients with cardiovascular history/risk (heart attack, stroke, certain heart arrhythmias, uncontrolled high blood pressure), ischemic bowel disease, hemiplegic or basilar migraines, severe liver impairment, history of seizure disorder.
- Use with caution in elderly
- Dosing more often (>10 days per month) can lead to medication overuse headaches
- Do not use within 24 hours of another triptan or ergot derivative

GUIDELINES

ODG – Recommends triptans for migraine treatment, Maxalt (rizatriptan) and Imitrex (sumatriptan) are Y drugs, other triptans are unaddressed on formulary

ACOEM – Recommended for migraines post traumatic brain injury (TBI)

Pharmacological treatments for headaches and migraines

Over-the-counter Analgesics	Non-steroidal Anti-inflammatory Drugs	Ergots	Triptans	5-HT_{1F} Receptor Agonist	CGRP Antagonists
-----------------------------	---------------------------------------	--------	----------	---	------------------

EXAMPLES

Lasmiditan (Reyvow)

CLINICAL PEARLS

- Only one dose in 24 hours, do not repeat dose. Safety of treating >4 migraine attacks per month has not be evaluated.
- Consider for those that cannot take triptans or have tried/failed multiple triptans
- Controlled substance (C-V) due to reports of euphoria/hallucination as possible adverse effects (<2%)
- May cause CNS depression – should not drive or operate machinery for at least 8 hours after administration
- Should not be taken with other serotonergic medications (triptans, ergots, certain antidepressants)

GUIDELINES

ODG –Unaddressed on formulary at this time

ACOEM – Unaddressed at this time

Pharmacological treatments for headaches and migraines

Over-the-counter Analgesics	Non-steroidal Anti-inflammatory Drugs	Ergots	Triptans	5-HT1F Receptor Agonist	CGRP Antagonists
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EXAMPLES

- Rimegepant (Nurtec ODT)
- Ubrogepant (Ubrovelvy tablets)

CLINICAL PEARLS

- As effective as triptans for acute migraine treatment, but have improved safety profile/fewer warnings and contraindications
- Consider for those who cannot use triptans or who have tried and failed multiple triptans
- Lack of data for concurrent use of acute and preventative CGRPs medications at this time.

GUIDELINES

ODG – Does not address the use CGRP for migraine treatment, CGRP for migraine prevention are N drugs on formulary, acute treatment medications are Unaddressed on formulary


ACOEM – Unaddressed at this time

Poll #3

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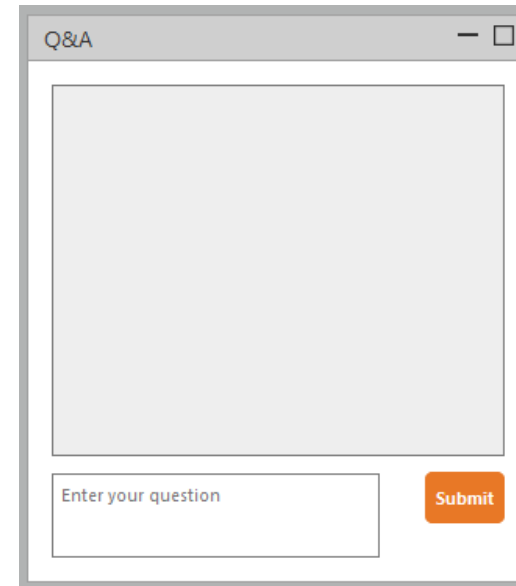
B. Option 2

C. Option 3

Submit

OR

Send your answer in the Q&A panel



Q&A

Enter your question

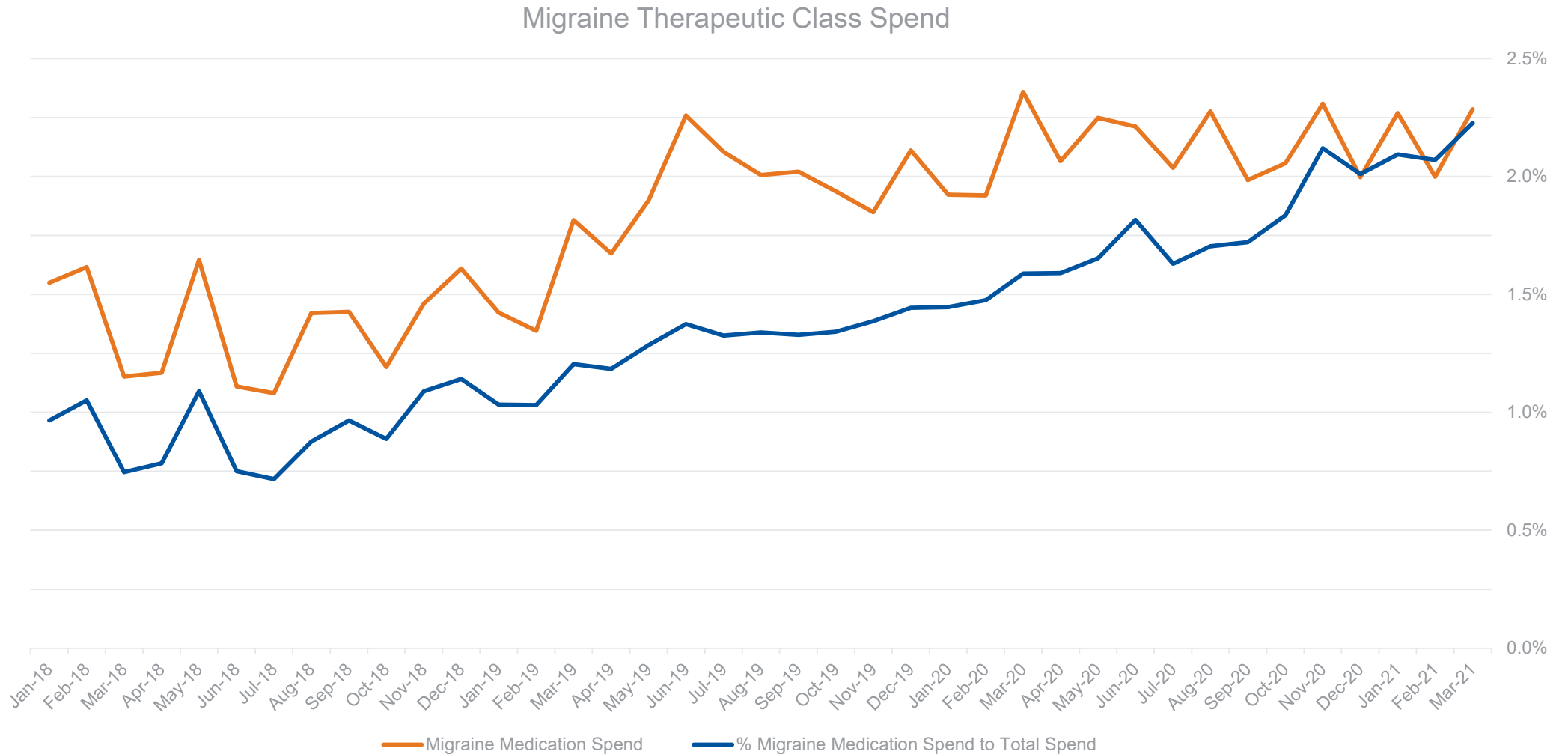
Submit

New class of migraine medications

- Calcitonin gene-related peptide (CGRP) medications now comprise the majority of migraine medication spend and is approaching the majority of scripts
- Trend continuation is expected with this class of medications becoming more impactful to migraine claim cost
- Client concern and clinical interventions such as step-therapy and prescriber outreach could slow this trend



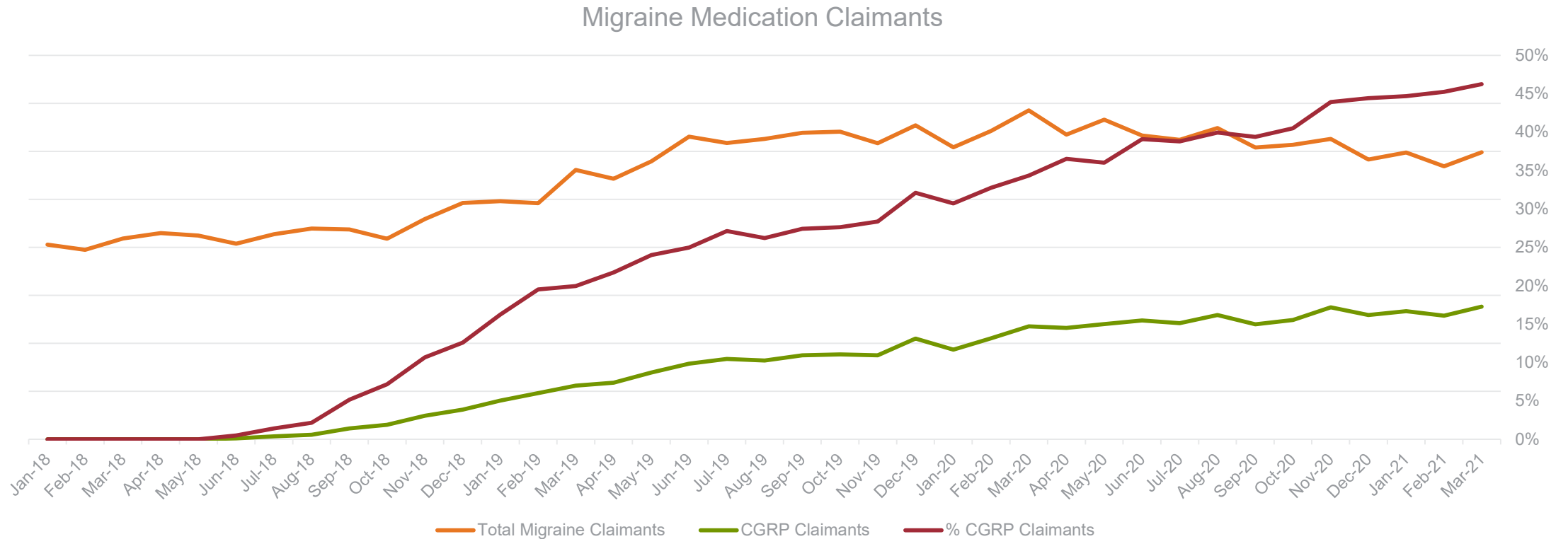
Migraine medication spend has nearly tripled in the past three years



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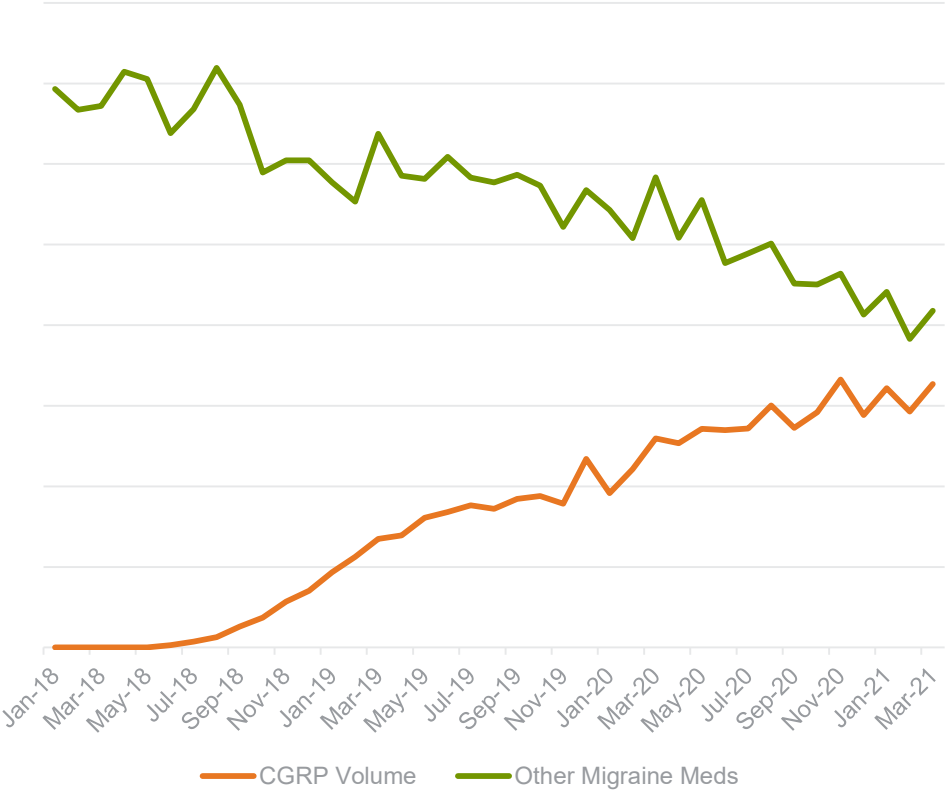
Percentage of CGRP migraine medication claimants is rising dramatically



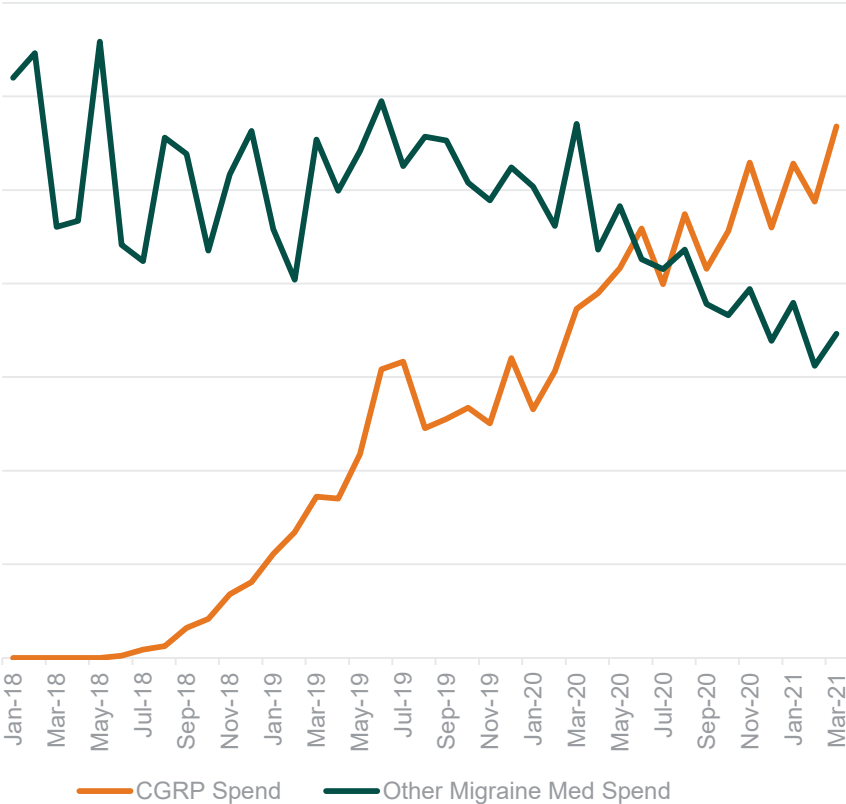
- Total migraine medication injured persons are increasing slowly
- Percentage of migraine medication claimants on calcitonin gene-related peptide (CGRP) medications is rising dramatically

CGRP has overtaken other migraine medications by spend and is approaching by scripts

Migraine Medication Scripts by Type



Migraine Medication Spend by Type



Medications used for Migraine Prevention

CLASS	MEDICATIONS
Anticonvulsants	Topiramate, divalproex sodium
Beta-Blockers	Propranolol, Timolol
Antidepressants	Amitriptyline, venlafaxine
Botulinum toxins	OnabotulinumtoxinA
CGRP Antagonists	Erenumab (Aimovig), Fremanezumab (Ajovy), Galcanezumab (Emgality), Eptinezumab (Vyepsti)

CGRP Migraine prevention pipeline

Atogepant (oral formulation)	Q3 2021
Rimegepant (new indication - ODT formulation)	Q2 2021



Looking ahead

Looking ahead in workers' comp claims

Working from home (WFH) – pandemic and beyond

https://www.osha.gov/SLTC/etools/computerworkstations/wkstation_enviro.html eTool for work stations through OSHA addressing ergonomics, work station components, and environment including lighting, glare, ventilation.

EMF exposures increasing and being looked as occupational related illnesses

- Common electromagnetic field or EMF sources: Radio-frequency radiation (RF) (3 MHz to 300 GHz) is emitted from radio and TV broadcast antennas, Wi-Fi access points, routers, and clients (e.g. smartphones, tablets), cordless and mobile phones including their base stations, and Bluetooth devices.
- Emerging electromagnetic hypersensitivity (EHS) is more and more recognized by health authorities, disability administrators and case workers, politicians, as well as courts of law. Common EHS symptoms include headaches, concentration difficulties, sleep problems, depression, a lack of energy, fatigue, and flu-like symptoms.

Belyaev I, Dean A, Eger H, Hubmann G, Jandrisovits R, Kern M, Kundi M, Moshammer H, Lercher P, Müller K, Oberfeld G, Ohnsorge P, Pelzmann P, Scheingraber C, Thill R. EUROPAEM EMF Guideline 2016 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses. Rev Environ Health. 2016 Sep 1;31(3):363-97. doi: 10.1515/reveh-2016-0011. PMID: 27454111.

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