



Migraine Medication Guide

PREVENTIVE MEDICINES

Dosing is intended for adults

Migraine Prophylaxis: Level A

divalproex/sodium valproate*	500-1000 mg /day
metoprolol	47.5-200 mg/day
propranolol*	120-240 mg/day
(candesartan	8-16 mg/day)
timolol*	10-15 mg/day
topiramate*	25-200 mg/day

Migraine Prophylaxis: Level B

riboavin (vitamin B2)	400 mg/day
magnesium trimagnesium dicitrate	500-600 mg/day
feverfew	50-300 mg q12
feverfew CO2 extract	2.08-18.75 mg q8
amitriptyline	25-150 mg/day (see below)
atenolol	100 mg/day (50-200 mg)
venlafaxine (ER) -Effexor	150 mg/day (37.5-150 mg)
lisinopril	10 mg/day
histamine	1-10 mg subc 2x week
fenopropfen	200 - 600 mg/day
ibuprofen	200 mg q12
ketoprofen	50 mg q8
naproxen	500 - 1000 mg/day
naproxen sodium	550 mg q12

Monoclonal antibodies

Erenumab (Aimovig™) - Self-injection once a month (70 mg or 140 mg SC)

Galcanezumab (Emgality™) - Loading dose of 240 mg SC, followed by once monthly injections of 120 mg SC

Fremanezumab (Ajovy™) - 225mg SC once monthly OR 675mg (3 injections) SC once every 3 months

Eptinezumab (Vyepti™) - 100 mg Intravenous every 3 months

Cluster Headache

Intervention

sumatriptan injection
100% oxygen inhalation

Prevention

verapamil
topirimate or valproate
Galcanezumab (Emgality™) 300mg SC (3 injections) every 30 days while in an active cluster cycle

psilocybin, cannabinoids, neuromodulators, MDMA

* Approved by the Food and Drug Administration (FDA)



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Pediatric Migraine

Intervention

Analgesics: acetaminophen, ibuprofen

Triptans - FDA approved

age 6-17 rizatriptan - weight <40kg (88 lbs), use 5 mg; >40kg (88 lbs) use 10 mg

age 12-17 almotriptan- 6.25-12.5mg PO x1; Max 25/24h; may repeat dose x1 after 2h
sumatriptan-naproxen sodium 10/60 tab; Max 85/500mg tab per 24h

zolmitriptan nasal spray (when nausea or vomiting) -

one 2.5 dose only
Off-label use sumatriptan- 25 mg
nasal sumatriptan - 5, 10, 25 mg
zolmitriptan tab and melt tab - 5mg

Menstrual

no FDA approved therapies

Mild-Moderate symptoms

ibuprofen 800 mg every 8-12 hours prn

naproxen 250 mg 1-2 every 8-12 hours prn

500 mg every 12 hours prn

acetaminophen, aspirin or ibuprofen with or without caffeine

Moderate-Severe symptoms

triptan with or without a NSAID (rizatriptan)

Unresponsive symptoms

sumatriptan 4-6 mg subcutaneous

ketorolac 30-60 mg intramuscular

DHE 0.5 mg nasal spray each nostril - repeat in 15 minutes

DHE-45 0.5-1.0 mg IM or IV every 8 hours

Pregnancy

Intervention

Acetaminophen- likely the safest

Triptans - safe

Anti-nausea medicines - caution during the first trimester

NSAIDs - contraindicated during the third trimester

AVOID aspirin - possible Reye's syndrome/bleeding

Prevention

Possible: low-dose (10-50 mg) amitriptyline (limb deformities)

Risky: beta blockers - intrauterine growth retardation

AVOID topiramate, sodium valproate, onabotulinumA toxin, monoclonal antibodies

Breast Feeding

Intervention

Safest: Acetaminophen, ibuprofen, triptans

Safe: anti-nausea meds (metoclopramide, promethazine, ondansetron), caffeine, diphenhydramine, nerve blocks (lidocaine and prednisone)

AVOID aspirin, ergots, narcotics

Prevention

Safest: magnesium, riboavin

Safe: TCAs and SNRIs (with caution)

propranolol, verapamil



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NSAIDS

Recommended for mild symptoms - use single dose. Caution with cardiovascular disease and elderly.

Acetaminophen	30-60 min	1000 mg every 4 (max 4000)
Aspirin	60-120 min	600-900 mg every 4-6 hrs
ASA (effervescent)	20 min	600-900 mg every 4-6 hrs
Ibuprofen	60-120 min	400-800 mg every 6 hrs
Naproxen	120 min	375-500 mg every 12 hrs
Diclofenac tab	60 min	50 mg every 8 (max 150 mg)
Diclofenac powder*	15 min	50 mg once daily
Piroxicam	60-120 min	50-75 mg
Flurbiprofen	30-60 min	10-20 mg orally once daily
Tolfenamic acid	30-60 min	200 mg - repeat 1-2 hrs
Ketoprofen	30-60 min	50-75 mg orally every 6-8 hrs
Ketorolac nasal	15-30 min	one 15.75 mg spray q6-8 hrs
Indomethacin	30-60 min	25-50 mg 50 mg supp (compound)
Celecoxib	30-60 min	100-200 mg

ACETAMINOPHEN/ASPIRIN/CAFFEINE

Excedrin/Excedrin Migraine: 2 caplets once a day

TRIPTANS* †

Recommended for moderate symptoms. Most effective when used early in attack. If nauseated, add anti-nausea drugs. For severe symptoms, add NSAID.

	Onset	Recurrence	Side Effects	Dose
Almotriptan	Tab 30-60	Mod	Low	12.5 mg
Eletriptan	Tab 30-60	Mod	High	20/40 mg
Frovatriptan*	Tab 120	Low	Lowest	2.5 mg
Naratriptan*	Tab 60+	Low	Lowest	1/2.5 mg
Rizatriptan**	Tab 30-60	High	Low	5/10 mg
	Melt 30-60	High	Low	5/10 mg
Sumatriptan***	Tab 30-60	Mod	Mod	25/50/100 mg
	Spray 10-15	Mod	Mod	5/20 mg
	SC 10	High	High	3/4/6 mg
w/naproxen	Tab 30-60	Mod	Mod	85/500 mg
Zolmitriptan***	Tab 30-60	Mod	Mod	2.5/5 mg
	Melt 30-60	Mod	Mod	5 mg

Caution: vascular disease and pregnancy

Common major drug interactions: SSRI, St Johns wort, MAOI, propranolol, ondansetron, rizatriptan, eletriptan, erythromycin, CYP 3A4 inhibitors (itraconazole, nefazodone, ketoconazole), ritonavir, indinavir, nelfonavir, cimetidine, ciproxacin

Common side effects: dizziness, nausea, paresthesia, somnolence, pain/pressure/headache - slight difference between agents.

*Slow onset, but 24 hr effect makes these two triptans most useful for menstrual migraine prevention

**May use in children aged 6-17

***May use in children aged 12-17

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GEPANTS

Ubrogepant (Ubrelvy) - 50-100 mg; optional second dose at 2 hrs; max 200 mg/24 hrs

Rimegepant (Nurtec ODT) - 75 mg; one dose only/24 hrs

The dosing must be modified when combined with CYP3A4 inhibitors or inducers and in patients with BCRP and/or P-gp inhibitors, kidney or liver impairment.

DITANS

Lasmiditan (Reyvow)- 50/100/200 mg tablets at onset, max 200 mg/ 24 hrs

ANTI-NAUSEA MEDS

anti-emetic and anti-headache effects; increase absorption of triptans, side effects: akathisia and dystonia.

Metoclopramide	10 mg every 8 hrs orally
Trimethobenzamide	250-300 mg/6-8 hrs orally
Prochlorperazine	5-10 mg/6-8 hrs orally
Promethazine	25 mg/12 hrs rectally
Dimenhydrinate	50-100 mg orally 12.5-25 mg/4-6 hrs rectally

Alternative: Ketorolac nasal spray or acetaminophen suppository

Vomiting: Triptan (+/- antiemetic) - sc, intranasal, rectal or transdermal
Promethazine 12.5-25 mg/4-6 hrs rectally or Prochlorperazine 25 mg/12 hrs rectally

Alternative: intranasal DHE or ergotamine suppository

ERGOT ALKALOIDS

Dihydroergotamine 1 spray each nostril, q15 min, max 4 sprays (avoid w/triptan)

Ergotamine 1 mg/caffeine 100 mg tablet, 1-2 tabs q30 min, max 6 tabs

Ergotamine 2 mg/caffeine 100 mg suppository, 1 sup PR q1 hr - max 2 sups

BARBITURATES †

high risk of dependency, overuse and abuse

Butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg

Butalbital 50 mg/acetaminophen 325 mg

Butalbital 50 mg/aspirin 325 mg/caffeine 40 mg

URGENT CARE RESCUE

PREFERRED

- sumatriptan 4 mg or 6 mg sc
- metoclopramide 25 mg iv/im (max 30 mg/d)
- diphenhydramine 25 mg iv
- dexamethasone 10 mg iv
- greater occipital nerve block

OPTIONS

- DHE 4 mg nasal spray, 1 mg sc/im
- ketorolac 30 mg iv/60 mg im (>50 kg) max 120 mg/day
- valproic acid - 500-1000 mg in 100cc saline over 60 min
- magnesium sulfate 1 gm in 10% solution over 15 min

Caution: To avoid rebound headaches, do not use any of these medicines more than 15 days per month for three months.

† To avoid rebound headaches, don't use more than 10 days a month.