



# Migraine Dosage Card

## PREVENTIVE MEDICATIONS



# Migraine Dosage Card

## SPECIALTY CASES

### Migraine Prophylaxis: Level A

Divalproex/sodium valproate*	500-1000 mg /day
Metoprolol	25-200 mg/day
Propranolol*	60-240 mg/day
Candesartan	16 mg/day
Timolol*	10-15 mg/day
Topiramate*	50-200 mg/day

### Migraine Prophylaxis: Level B

Riboflavin	400 mg/day
Magnesium <i>trimagnesium dicitrate</i>	400-600 mg/day
Coenzyme Q10	up to 100 mg 3 times daily
Feverfew	50-300 mg q12h
Feverfew CO2 extract	2.08-18.75 mg q8h
Amitriptyline	10-150 mg/day
Atenolol	100 mg/day (50-200 mg)
Venlafaxine (ER) -Effexor	150 mg/day
Lisinopril	20 mg/day

### Monoclonal Antibodies for Migraine

- Erenumab\*** - sc 70 mg or 140 mg once monthly
- Galcanezumab\*** - Loading dose of sc 240 mg, followed by once-monthly injections of sc 120 mg
- Fremanezumab\*** - sc 225mg once monthly OR sc 675mg (3 injections) once every 3 months
- Eptinezumab\*** - 100-300 mg Intravenous every 3 months

### Gepants

- Rimegepant\* - 75 mg every other day
- Atogepant\* - 10 mg, 30 mg, or 60 mg once daily (max 60 mg)

### Cluster Headache

#### Acute Treatments

- Sumatriptan injection sc 3,4,6\* mg
- 100% oxygen inhalation through a non-rebreathing mask
- Sumatriptan nasal spray (20 mg)
- Zolmitriptan nasal spray (5 mg)
- Dihydroergotamine\* (DHE) injection 1 mg

#### Prevention

- Verapamil 240-360 mg PO
- Topiramate 100 mg PO
- Valproate/divalproex sodium 500-1000 mg PO
- Galcanezumab\* sc 300mg (3 injections of 100 mg) every 30 days while in an active episodic cluster cycle

\* Approved by the Food and Drug Administration (FDA)  
Dosing is for adults except in the Pediatric section

### Pediatric Migraine

#### Acute Treatments

Analgesics: acetaminophen, ibuprofen

Triptans - FDA approved:

- age 6-17 Rizatriptan tablet and orally dissolving tablets (ODT)\*  
- weight <88 lbs, use 5 mg; >88 lbs use 10 mg
- age 12-17 Almotriptan\* - 6.25-12.5mg POx1; repeat x1 after 2h  
Sumatriptan-naproxen sodium\* 85/500mg tab/24h  
Zolmitriptan nasal spray\* (with nausea or vomiting) -  
one 2.5 dose only

**Off-label use** Sumatriptan oral tablets- 25-100 mg  
Sumatriptan liquid nasal spray- 5, 20 mg  
Zolmitriptan tab and orally dissolving tablet - 2.5, 5mg

### Menstrual Migraine

#### Mild-Moderate symptoms

- Ibuprofen 200-800 mg po q8-12h prn
- Naproxen 250 mg 1-2 tabs po q8-12h prn
- Acetaminophen, aspirin, or ibuprofen with or without caffeine

#### Moderate-Severe symptoms

Triptan with or without an NSAID

#### Unresponsive symptoms

- Sumatriptan 3-6 mg subcutaneous
- Ketorolac 30-60 mg intramuscular
- DHE .5 mg spray each nostril -repeat in 15 min., 4 sprays=1 dose
- DHE-45 0.5-1.0 mg SC, IM, or IV every 8 hours

### Pregnancy

#### Acute Treatments

- Acetaminophen- likely the safest
- Triptans - not FDA approved for use; sumatriptan appears safe
- Anti-nausea medicines - caution
- 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/divalproex, onabotulinumtoxinA, monoclonal antibodies, magnesium**

### Breast Feeding

#### Acute Treatments

- Safest: Acetaminophen, ibuprofen, sumatriptan
- Safe: anti-nausea meds (metoclopramide, promethazine, ondansetron), caffeine, diphenhydramine, nerve blocks (lidocaine and prednisone) **AVOID aspirin, ergots, narcotics**

#### Prevention

- Safest: magnesium, riboflavin
- Safe: TCAs and SNRIs (with caution)  
propranolol, verapamil



# Migraine Dosage Card

## ACUTE MEDICATIONS



# Migraine Dosage Card

## ACUTE MEDICATIONS

### NSAIDS

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

ASA (effervescent)	600-900 mg q4-6h
Ibuprofen*	400 mg q24h
Naproxen	375-500 mg q12h
Diclofenac tab	50 mg q8h (max 150 mg)
Diclofenac powder*	50 mg once daily
Piroxicam	50-75 mg
Flurbiprofen	10-20 mg orally once daily
Tolfenamic acid	200 mg - q1-2h
Ketoprofen	50-75 mg orally q6-8h
Ketorolac nasal	one 15.75 mg spray q6-8h
Indomethacin	25-50 mg
	50 mg supp (compound)
Celecoxib	100-200 mg
self-micro emulsifying*	120 mg max

### ACETAMINOPHEN/ASPIRIN\*†

Acetaminophen 625 mg-1000 mg every 4 hrs (max 4000)  
 Aspirin 600-900 mg every 4-6 hrs  
 Aspirin 250 mg/acetaminophen 250 mg/caffeine 60 mg \*2 tablets

### TRIPTANS †

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

		Side Effects	Dose
Almotriptan*	Tab	Low	12.5 mg
Eletriptan*	Tab	High	20/40 mg
Frovatriptan*	Tab	Lowest	2.5 mg
Naratriptan*	Tab	Lowest	1/2.5 mg
Rizatriptan**	Tab	Low	5/10 mg
	ODT	Low	5/10 mg
Sumatriptan*	Tab	Mod	25/50/100 mg
	Liquid nasal spray	Mod	5/20 mg
	SC	High	3/4/6 mg
w/naproxen	Tab	Mod	85-500 mg
Zolmitriptan***	Tab	Mod	2.5/5 mg
	ODT	Mod	2.5/5 mg

**Caution:** vascular disease and pregnancy

**Common major drug interactions:** SSRI, St Johns wort, MAOI (sumatriptan, rizatriptan, zolmitriptan only), propranolol, ondansetron, eletriptan, erythromycin, CYP 3A4 inhibitors (itraconazole, nefazodone, ketoconazole), ritonavir, indinavir, nelfinavir, cimetidine, ciprofloxacin

**Common side effects:** chest and neck pain and tightness, dizziness, nausea, paresthesia, somnolence, pain/pressure/headache - slight difference between agents.

\*\*May use in children aged 6-17

\*\*\*May use in children aged 12-17

### GEPANTS †

Ubrogepant\* - 50-100 mg opt. second dose at 2 hrs; max 200 mg/24 hrs  
 Rimegepant\* - 75 mg /24 hrs  
 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\* - 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 po q8h
Trimethobenzamide	300 mg po q6-8h
Prochlorperazine	5-10 mg po q6-8h; 25 mg PR q12h
Dimenhydrinate	50-100 mg po q4-6h; 12.5-25 mg PR q4-6h
Promethazine	12.5-25 mg PR q4-6h
Ondansetron	4 mg po q6h

### ERGOT ALKALOIDS

Dihydroergotamine nasal spray\* 1 spray each nostril, q15 min, max 4 sprays (avoid w/triptan within 24 hr)  
 POD-DHE 1 spray each nostril, may repeat in 1hr, max 4 sprays in 24hrs (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 supp PR q1h - max 2 supp

### 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* 3 mg, 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
	DHE* 1 mg + anti-nauseant
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 100 mL saline quickly delivered
	Magnesium sulfate 1 g 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.

©2022 Association of Migraine Disorders

\*Approved by the Food and Drug Administration (FDA)