

Triptan and NSAID Medication Limits

Acute migraine medications are taken by patients as needed to stop an attack once symptoms appear. Triptans and nonsteroidal anti-inflammatory drugs (NSAIDs) are two classes of medication commonly used to treat migraine attacks. Medication limits are necessary for patient safety and to prevent acute medication overuse. To ensure the safe use of these medications, discuss their limits with patients and why they should be followed. You can use this chart to guide your discussions about medication limits with your patients.



Acute Medications for Migraine			
Medication Class	Frequency of Treatment/Limits	Most Common Side Effects	Considerations
Triptans Sumatriptan PO, NS, SQ Eletriptan PO Frovatriptan PO Naratriptan PO Rizatriptan PO, ODT Zolmitriptan PO, NS, ODT Almotriptan PO	All triptans can be repeated once in 2 hours with the following exceptions: <ul style="list-style-type: none"> • Sumatriptan SQ can be repeated in 1 hour • Naratriptan can be repeated in 4 hours 	<ul style="list-style-type: none"> • Dizziness • Drowsiness • Heaviness • Neck/jaw tightness • Elevated Blood Pressure 	Can contribute to increased headache frequency if overused Contraindicated in patients with or at risk for vascular disease
NSAIDs Aspirin PO Ibuprofen PO Naproxen PO Diclofenac PO Indomethacin PO Nabumetone PO *Ketorolac IM, NS Celecoxib PO	<ul style="list-style-type: none"> • Every 6-12 hours • Limit to 12-15 days or less per month • *Limit to 4 days per month 	<ul style="list-style-type: none"> • Abdominal pain • Constipation • Diarrhea • Nausea/Vomiting • Heartburn 	Contraindicated in patients with history of gastrointestinal bleed, decreased kidney function and/or abnormal liver function with overuse

Key
PO: Oral Administration
ODT: Oral Dissolving Tablet
NS: Nasal Spray
SQ: Subcutaneous Injection