How Do I Choose Acute Treatment Medication Options for Migraine Patients?
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Step 1: Conduct History of Present Illness

What is their headache frequency?
- Do they have both moderate and severe headaches? (If so, document frequency of each independently)
- Consider the characteristics associated with their headaches
- Are their headaches rapid or gradual in onset?
- Can they tolerate oral meds during headache?

What do they currently take?
- Do they get complete relief?
- How often do they take it?

What have they tried in the past that has or has not worked?

Step 2: Think About Comorbidities and Contraindications

Determine any co-morbid conditions or concurrent medications that may be a contraindication to an acute migraine med.
- Patients with a history of stomach ulcer may not be a good candidate for oral NSAID
- Patients with a history of cardiovascular disease or uncontrolled hypertension may not be a good candidate for triptan
- Pregnancy/lactation status could impact safe or approved use of a medication
Step 3: Understand Available Acute Options

Triptans
- Fast acting PO: sumatriptan, rizatriptan, eletriptan, almotriptan, zolmitriptan
- Slow acting PO: naratriptan, frovatriptan
- Non-PO: sumatriptan NS, zolmitriptan NS, sumatriptan SQ

NSAIDs
- Faster onset: Cambia PO (diclofenac powder), Toradol IM (ketorolac), Sprix NS (ketorolac NS)
- Slower onset: naproxen, ibuprofen, diclofenac, indomethacin

Acute CGRP mabs
- Ubrelvy (ubrogepant)
- Nurtec (rimegepant)

Ditans
- Reyvow (lasmiditan)

Anti-emetics
- Metoclopramide
- Prochlorperazine
- Promethazine
- Ondansetron

Step 4: Make an Action Plan

If patient exclusively experiences severe headaches, and <8 days/month, they may only require triptan/CGRP mab/ditan

If patient with > 8 days/month, or a mix of moderate and severe, consider combination of triptans/CGRP mab/ditan for more severe and NSAIDs for moderate

If patient has significant nausea as symptom, add on anti-emetic

Step 5: Clarify Medication Limits

Medication limits exist for both safety and to prevent medication overuse headache.

Suggested Limits
- Triptans - 1 tab PRN, may repeat in 2 hours, limit 8 days/month
- NSAIDs
  - Ibuprofen - 1 tab PRN, may repeat in 8 hours, limit 12 days/month
  - Naproxen - 1 tab PRN, may repeat in 12 hours, limit 15 days/month
  - Ketorolac IM - 30mg IM PRN, may repeat in 8 hours, limit 4 days/month

Common Side Effects or Cautions
- Triptans - jaw tightness, temporary increase in blood pressure, sedation
- CGRP mabs - medication interactions (see med insert)
- Ditans - sedation, dizziness
- NSAIDs - stomach upset
- Metoclopramide/phenothiazines - tardive dyskinesia, sedation, anxiety

Key
PO: Oral Administration
NS: Nasal Spray
SQ: Subcutaneous Injection

References/Resources:
2. Mallick-Searle T, Moriarty M. Unmet needs in the acute treatment of migraine attacks and the emerging role of calcitonin
5. Moreno-Ajona et al. Targeting CGRP and 5-HT1F Receptors for the Acute Therapy of Migraine: A Literature Review

For more information on migraine and other headache disorders, visit AHS' resources hub. If you are interested in women’s health and migraine management, be sure to sign up for our brand new presentation on A Woman’s Migraine Journey.