

# MIGRAINE AND HEADACHE TREATMENTS (Part 1 of 3)

Generic	Strength	Brand	Form	Dose
<b>TREATMENT</b>				
<b>Analgesic + Barbiturate</b>				
acetaminophen	325mg	—	℞ caps, tabs	<b>Adults:</b> 1–2 tabs or caps every 4hrs as needed; max 6/day. <b>Children:</b> Not established.
butalbital	50mg			
caffeine	40mg			
acetaminophen	300mg	—	℞ caps	<b>Adults:</b> 1–2 caps every 4hrs as needed; max 6 caps/day. <b>Children:</b> Not established.
butalbital	50mg			
caffeine	40mg			
acetaminophen	325mg	—	℞ tabs	<b>Adults:</b> 1–2 tabs every 4hrs; max 6 tabs/day. <b>Children:</b> Not recommended.
butalbital	50mg			
<b>Analgesic + Barbiturate + Opioid</b>				
acetaminophen	325mg	<b>Fioricet w. Codeine</b>	CIII caps	<b>Adults:</b> 1–2 caps every 4hrs as needed; max 6 caps/day. <b>Children:</b> Not established.
butalbital	50mg			
caffeine	40mg			
codeine phosphate	30mg			
<b>Analgesic + Salicylate</b>				
acetaminophen	250mg	<b>Bayer Migraine Formula</b>	OTC caplets	≥ <b>18yrs:</b> 2 caplets with a glass of water; max 2 caplets/24hrs. < <b>18yrs:</b> Not recommended.
aspirin	250mg			
caffeine	65mg			
acetaminophen	250mg	<b>Excedrin Migraine</b>	OTC caplets	≥ <b>18yrs:</b> 2 caplets with a glass of water; max 2 caplets/24hrs. < <b>18yrs:</b> Consult physician.
aspirin	250mg			
caffeine	65mg			
<b>Barbiturate + Salicylate</b>				
aspirin	325mg	<b>Fiorinal</b>	CIII caps	<b>Adults:</b> 1–2 caps every 4hrs as needed; max 6 caps/day. <b>Children:</b> Not established.
butalbital	50mg			
caffeine	40mg			
<b>Barbiturate + Salicylate + Opioid</b>				
aspirin	325mg	<b>Fiorinal w. Codeine</b>	CIII caps	<b>Adults:</b> 1–2 caps every 4hrs as needed; max 6 caps/day. <b>Children:</b> Not established.
butalbital	50mg			
caffeine	40mg			
codeine phosphate	30mg			
<b>Ergot Alkaloid</b>				
dihydroergotamine mesylate	1mg/mL	<b>D.H.E. 45</b>	℞ IM, IV, or SC inj	<b>Adults:</b> 1mL IV at 1hr intervals; max 2 doses/day. Or, 1mL IM or SC at 1hr intervals; max 3 doses/day. For all: max 6 doses/wk. Not for chronic use. <b>Children:</b> Not recommended.
	4mg/mL	<b>Migranal</b>	℞ nasal spray†	
ergotamine tartrate	1mg	—	℞ tabs	<b>Adults:</b> 2 tabs at onset of attack, then 1 tab every ½hr if needed; max 6 tabs/attack, 10 tabs/wk. <b>Children:</b> Not recommended.
caffeine	100mg			
ergotamine tartrate	2mg	—	℞ rectal supp	<b>Adults:</b> 1 supp rectally at onset of attack, then 1 supp after 1hr if needed; max 2 supps/attack, 5 supps/wk. <b>Children:</b> Not recommended.
caffeine	100mg			
<b>Non-Steroidal Anti-inflammatory (NSAID)</b>				
diclofenac potassium	50mg	<b>Cambia</b>	℞ buffered pwd for oral soln*	≥ <b>18yrs:</b> Mix 1 packet (50mg) with 30–60mL of water only and drink immediately. Not interchangeable with other forms of diclofenac. < <b>18yrs:</b> Not recommended.
ibuprofen	200mg	<b>Advil Migraine</b>	OTC liquid-filled caps	
	200mg	<b>Motrin Migraine Pain</b>	OTC caplets	≥ <b>18yrs:</b> Usually 200–400mg once daily. < <b>18yrs:</b> Not recommended.

(continued)

# MIGRAINE AND HEADACHE TREATMENTS (Part 2 of 3)

Generic	Strength	Brand	Form	Dose
<b>TREATMENT (continued)</b>				
<b>Selective 5-HT<sub>1B/1D</sub> Receptor Agonist</b>				
almotriptan (as malate)	6.25mg, 12.5mg	<b>Axert</b>	℞ tabs	≥ <b>12yrs</b> : 6.25–12.5mg single dose; may repeat once after 2hrs; max 25mg/24hrs. <i>Hepatic impairment, CrCl 10–30mL/min, or concomitant potent CYP3A4 inhibitors</i> : initially 6.25mg once; max 12.5mg/24hrs. The safety of treating an average of more than 4 migraines over 30 days is not established. <b>&lt;12yrs: Not established.</b>
eletriptan HBr	20mg, 40mg	<b>Relpax</b>	℞ tabs	≥ <b>18yrs</b> : 20mg or 40mg once. May repeat once after 2hrs; max 80mg/day. The safety of treating an average of more than 3 headaches in a 30-day period has not been established. <b>&lt;18yrs: Not established.</b>
frovatriptan (as succinate)	2.5mg	<b>Frova</b>	℞ tabs	≥ <b>18yrs</b> : 2.5mg with fluids; may repeat once after 2hrs; max 7.5mg/24hrs. The safety of treating an average of more than 4 headaches in a 30-day period has not been established. <b>&lt;18yrs: Not recommended.</b>
naratriptan HCl	1mg, 2.5mg	<b>Amerge</b>	℞ tabs	≥ <b>18yrs</b> : 1mg or 2.5mg with fluids; may repeat once after 4hrs; max 5mg/24hrs. The safety of treating, on average, more than 4 headaches in a 30-day period has not been established. <i>Mild-to-moderate renal/hepatic impairment</i> : initially 1mg; max 2.5mg/24hrs. <b>&lt;18yrs: Not recommended.</b>
rizatriptan (as benzoate)	5mg, 10mg	<b>Maxalt</b>	℞ tabs	≥ <b>18yrs</b> : Initially 5 or 10mg; may repeat after 2hrs; max 30mg/day. <i>Concomitant propranolol</i> : 5mg; max 3 doses/day. The safety of treating, on average, more than 4 headaches in a 30-day period has not been established. <b>&lt;18yrs: Not recommended.</b>
	5mg, 10mg	<b>Maxalt-MLT</b>	℞ ODT*	
sumatriptan (as succinate)	6mg/0.5mL	<b>Alsuma</b>	℞ soln for SC inj	≥ <b>18yrs</b> : One (6mg) dose SC to the lateral thigh or upper arm only. May repeat after 1hr; max two (6mg) doses in 24hrs. <b>&lt;18yrs: Not recommended.</b>
	4mg/0.5mL, 6mg/0.5mL	<b>Imitrex Injection</b>	℞ SC inj	≥ <b>18yrs</b> : 6mg SC (may start at lower dose if 6mg not tolerated). May repeat after 1hr; max two 6mg doses in 24hrs. <b>&lt;18yrs: Not recommended.</b>
	5mg/spray, 20mg/spray	<b>Imitrex Nasal Spray</b>	℞ nasal spray	≥ <b>18yrs</b> : 5mg, 10mg, or 20mg once. May repeat once after 2hrs; max 40mg/day. The safety of treating an average of more than 4 headaches in a 30-day period has not been established. <b>&lt;18yrs: Not recommended.</b>
	25mg, 50mg, 100mg	<b>Imitrex Tablets</b>	℞ tabs	≥ <b>18yrs</b> : 25–100mg once, swallow whole with fluids as soon as possible after migraine onset; may repeat dose at intervals of at least 2hrs, max 200mg/day; or single-dose tablets up to 100mg/day if injection has been used. The safety of treating an average of more than 4 headaches in a 30-day period has not been established. <b>&lt;18yrs: Not recommended.</b>
	11mg	<b>Onzetra Xsail</b>	℞ caps for nasal inh	≥ <b>18yrs</b> : 1 nosepiece (11mg) in each nostril (22mg total), using Xsail delivery device. May repeat once after ≥2hrs; max 44mg (4 nosepieces)/day or one dose of Onzetra Xsail and one dose of another sumatriptan product separated by ≥2hrs. The safety of treating an average of more than 4 headaches in a 30-day period has not been established. <b>&lt;18yrs: Not established.</b>
	3mg/0.5mL	<b>Zembrace Symtouch</b>	℞ soln for SC inj	≥ <b>18yrs</b> : 3mg SC. May repeat after ≥1hr; max 12mg in 24hrs. May also be given ≥1hr after another sumatriptan product. <b>&lt;18yrs: Not recommended.</b>

(continued)

## MIGRAINE AND HEADACHE TREATMENTS (Part 3 of 3)

Generic	Strength	Brand	Form	Dose
<b>TREATMENT (continued)</b>				
<b>Selective 5-HT<sub>1B/1D</sub> Receptor Agonist (continued)</b>				
zolmitriptan	2.5mg+, 5mg	<b>Zomig</b>	℞ tabs	<p>≥<b>18yrs</b>: Initially 1.25–2.5mg; max recommended single dose: 5mg. If headache returns, may repeat after 2hrs; max 10mg/day. The safety of treating an average of more than 3 headaches in a 30-day period has not been established. <i>Concomitant cimetidine</i>: max single dose: 2.5mg, not to exceed 5mg in 24-hr period.</p> <p>&lt;<b>18yrs</b>: <b>Not recommended.</b></p>
	5mg/spray	<b>Zomig Nasal Spray</b>	℞ nasal spray	<p>≥<b>18yrs</b>: 5mg once. If headache returns, may repeat once after 2hrs; max 10mg/day. The safety of treating an average of more than 4 headaches in a 30-day period has not been established.</p> <p>&lt;<b>18yrs</b>: <b>Not recommended.</b></p>
	2.5mg, 5mg	<b>Zomig-ZMT</b>	℞ ODT*	<p>≥<b>18yrs</b>: Initially 1.25–2.5mg; max recommended single dose: 5mg. If headache returns, may repeat after 2hrs; max 10mg/day. The safety of treating an average of more than 3 headaches in a 30-day period has not been established. <i>Concomitant cimetidine</i>: max single dose: 2.5mg, not to exceed 5mg in 24-hr period.</p> <p>&lt;<b>18yrs</b>: <b>Not recommended.</b></p>

<b>Selective 5-HT<sub>1B/1D</sub> Receptor Agonist + Non-Steroidal Anti-Inflammatory (NSAID)</b>				
sumatriptan succinate/naproxen sodium	10/60mg, 85/500mg	<b>Treximet</b>	℞ tabs	<p>≥<b>12yrs</b>: 1 tab (85/500mg) once; may repeat once after 2hrs; max 2 tabs/day. <i>Mild-to-moderate hepatic impairment</i>: 1 tab (10/60mg)/day. The safety of treating an average of more than 5 migraines in a 30-day period has not been established.</p> <p>&lt;<b>12yrs</b>: <b>Not established.</b> 12–17yrs: 1 tab (10/60mg) once; max 1 tab (85/500mg)/day. The safety of treating an average of more than 2 migraines in a 30-day period has not been established.</p>

### PROPHYLAXIS

<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist</b>				
erenumab-aooe	70mg/mL	<b>Aimovig</b>	℞ soln for SC inj	<p><b>Adults</b>: 70mg SC once monthly; some patients may benefit from 140mg (two 70mg inj) monthly.</p> <p><b>Children</b>: <b>Not established.</b></p>
fremanezumab-vfrm	225mg/1.5mL	<b>Ajovy</b>	℞ soln for SC inj	<p><b>Adults</b>: 225mg SC once monthly or 675mg (three 225mg inj) every 3mos.</p> <p><b>Children</b>: <b>Not established.</b></p>
galcanezumab-gnlm	100mg/mL, 120mg/mL	<b>Emgality</b>	℞ soln for SC inj	<p><i>Migraine</i>: initially 240mg SC loading dose (two 120mg inj), followed by 120mg monthly. <i>Cluster headache</i>: 300mg (three 100mg inj) SC at the onset of the cluster period, then monthly until the end of the cluster period.</p> <p><b>Children</b>: <b>Not established.</b></p>

### NOTES

**Key**: ODT = orally disintegrating tablets; soln = solution; supp = suppositories;  
 += scored tablets \* = contains phenylalanine; † = contains caffeine

Not an inclusive list of medications, official indications and/or dosages. Please see drug monograph at [www.eMPR.com](http://www.eMPR.com), contact company for full drug labeling and/or consult your healthcare provider.

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