

EDUCATION GRAM™
Recommendations for The Treatment Of Migraine Headaches
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Diagnosis:

Headache Type	Migraine	Tension-Type	Cluster
Location	Around the eye or temple area	Forehead, temples, or the back of head and/or neck	Always one-sided and behind the eye. May radiate to forehead, temple, nose, cheek on affected side.
Symptoms	Nausea, vomiting, sensitivity to light/sounds, or pulsing pain	Tightening sensation around the neck and/or head	Swollen eyelid, congested nostril, nasal discharge and tearing from the eye

❖ **International Headache Society (ICHD) Diagnostic Criteria**

Migraine without aura	Migraine with aura
<p>At least 5 attacks per year with the following criteria</p> <ol style="list-style-type: none"> Lasting 4-72 hours At least 2 of the following: <ul style="list-style-type: none"> • unilateral location • pulsating quality • moderate or severe pain • avoidance of routine physical activity At least 1 of the following: <ul style="list-style-type: none"> • nausea and/or vomiting • photophobia and phonophobia 	<p>At least 2 attacks per year with the following criteria</p> <ol style="list-style-type: none"> At least 1 of the following aura symptoms <ul style="list-style-type: none"> • Visual • Sensory • Speech and/or language • Motor • Brainstem • Retinal At least 2 of the following <ul style="list-style-type: none"> • ≥1 aura symptom spreads over ≥5 minutes, and/or ≥2 symptoms occur in succession • Aura symptom lasts 5-60 minutes • ≥1 aura symptom is unilateral • Headache within 60 minutes

Choice of Therapy:

Mild to Moderate	Analgesic or NSAID
Moderate to Severe	<p>Triptan or Sumatriptan/Naproxen combination</p> <ul style="list-style-type: none"> • All are considered effective and well tolerated. Choice in Triptan must be individualized. <ul style="list-style-type: none"> ○ Route: Sumatriptan is available orally, intranasally, and subcutaneously ○ Onset/Efficacy: Naratriptan and Frovatriptan demonstrated slowest onset and lower efficacy ○ Cost: Eletriptan and Frovatriptan do not have generic formulations.

Treatment Options

Analgesic and NSAID	Dosing
Aspirin	1000 mg PO once (MAX: 1000 mg/day)
Ibuprofen (Advil, Motrin)	400 mg PO every 4 – 6 hours as needed (MAX: 3.2 g/day)
Naproxen (Aleve)	275 to 825 mg PO loading dose, then 275 mg PO every 4 hours (MAX: 1250 mg/day)
Diclofenac (Cambia)	Oral solution: 50 mg (one packet) as a single dose
Acetaminophen (Tylenol)	<p>Regular strength – MAX 3250 mg/day Extra strength – MAX 3000 mg/day 4 g/day maximum if under supervision of health care provider</p>

PRO PHARMA

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<i>Triptans</i>	Dosing	AWP Cost
Sumatriptan (Imitrex)	Oral: 25 mg, 50 mg, or 100 mg; may repeat after 2 hours (MAX: 200 mg/day)	\$24
	Intranasal: 5 mg, 10 mg, or 20 mg administered in one nostril; may repeat once after 2 hours (MAX: 40 mg/day)	\$43
	Subcutaneous: 6 mg; may repeat after 1 hour (MAX: 12 mg/day)	\$58
Zolmitriptan (Zomig)	Oral: 1.25 – 2.5 mg; may repeat after 2 hours (MAX: 10 mg/day)	\$25
	Intranasal: 2.5 mg; may repeat after 2 hours (MAX: 10 mg/day)	\$68 (B)
Almotriptan (Axert)	6.25 – 12.5 mg PO; may repeat once after 2 hours (MAX: 25 mg/day)	\$42
Rizatriptan (Maxalt)	5 – 10 mg PO; may repeat after 2 hours (MAX: 30 mg/day)	\$32
Naratriptan (Amerge)	1 – 2.5 mg; may repeat once after 4 hours (MAX: 5 mg/day)	\$2
Frovatriptan (Frova)	2.5 mg; may repeat after 2 hours (MAX: 7.5 mg/day)	\$80 (B)
Eletriptan (Relpax)	20 – 40 mg PO; may repeat after 2 hours (MAX: 80 mg/day)	\$51 (B)

*Cost based on lowest AWP Unit Price for all strengths available. (B) indicates price for brand medication.

References:

1. Headache Classification Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, 3rd edition (beta version). Cephalalgia 2013;33(9):629–808
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5. Red Book Online. Micromedex. www.micromedexsolutions.com (accessed 2016 Jan 30).