




Migraine patients need acute therapy as suboptimal therapy leads to increased disability.

Goals of Acute Therapy:

- Rapid and consistent relief from migraine attack (headache and any associated symptoms) without recurrence
- Return to usual functioning
- Reduced need for repeat dosing, rescue medications and emergency room visits
- Minimal or no adverse events (AEs)

Attack Severity & Disability	Medication and Adult Dosing (screen for contraindications)	Best Practices
<p>"I can GO."</p> 	<p>Diclofenac K+ for oral solution (dissolved in SMALL amount of water) Diclofenac Na+ 50mg Indomethacin 25-50mg Mefenamic acid 500mg Nabumetone 500mg Naproxen 440-550mg Rimegepant‡ ODT 75mg Ubrogapant‡ 50, 100mg tab</p>	<p>Treating EARLY at the first sign of a migraine attack is critical for best results.</p> <p>Some GREEN attacks don't need treatment if resolve on own with no recurrence. If GREEN usually progresses to YELLOW consider triptan at GREEN</p>
<p>"I have to SLOW DOWN."</p> 	<p>Almotriptan*† 12.5mg tab Eletriptan 40mg tab Frovatriptan 2.5mg tab Naratriptan* 2.5mg tab Rizatriptan* 10mg tab or RPD Sumatriptan* 100mg tab, 6mg SC, 20mg nasal spray Sumatriptan 85mg + naproxen 500mg combined in 1 tab Zolmitriptan 5mg nasal spray (2.5mg oral may be under-dosed) Rimegepant‡ ODT 75mg Ubrogapant‡ 50, 100mg tab</p>	<p>Both triptans and gepants can be effective.</p> <p>Choose a non-oral route if severe nausea or vomiting (eg zolmitriptan nasal spray or sumatriptan SC) and consider the addition of an oral antiemetic.</p>
<p>"I have to STOP." OR migraine upon awakening</p> 	<p>Triptan or gepant + NSAID combination (<i>early morning attack, consider non-oral triptan</i>)</p> <p>OR</p> <p>Sumatriptan 85mg + naproxen 500mg combined in 1 tab</p>	<p>Limit triptan use to an average of 2 days per week to avoid medication overuse / induced headache.</p> <p>If therapy is ineffective or suboptimal, switch to a different medication.</p>

If acute medications are needed 1 day per week or more, a preventive medication should be offered. If prevention is already in place the dose can be increased, or a different agent can be layered in. Acute medication could also be changed. Opioids are never recommended; they contribute to worsening headache and ineffectiveness of migraine therapy.

* EAP (Exceptional Access Program) may cover

† HC approved for ≥ 12 years old

‡ Ubrogapant and Rimegepant are migraine-specific oral CGRP receptor antagonist (gepant)

References:

The American Headache Society Consensus Statement: Update on Integrating New Migraine Treatments into Clinical Practice. *Headache* 2021; 61:1021-1039.
 Canadian Headache Society Acute Migraine Treatment Guideline Development Group. Canadian Headache Society Acute Drug Therapy for Migraine Headache. *Can J Neurol Sci.* 2013; 40: 5(Suppl 3): S1-79.
 Lagman-Bartolome, A.M, Lay, C. The Traffic Light of Headache: Simplifying Acute Migraine Management for Physicians and Patients Using the Canadian Headache Society Guidelines. *Headache* 2019; 59: 250-252.

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