ACUTE MEDICATIONS FOR ADULTS
MAKE THE ATTACK STOP.
DISCUSS OPTIONS WITH YOUR HEALTHCARE PROVIDER.

Essential principles: how to use acute medications for best results

Principle	WHY	HOW
Treat early/when symptoms are mild	Early treatment increases chances of success. As the migraine attack progresses, the effectiveness of the acute treatment rapidly decreases.	Recognize the beginning of the attack (first symptoms, prodrome, aura) Address reasons for delaying intake (ie. denial, fear, cost)
Combine different medications	NSAIDs, triptans and gepants have different mechanisms	Try combinations and observe results. Always check with your care provider if the combination is safe.
Select route of administration based on symptoms	Medications have different ways to be administered. If nausea or vomiting is affecting your treatment, consider injectables, nasal sprays, dissolvable tablets, or suppositories. For rapid attack escalation consider a dissolvable powder, nasal sprays or injectables. Discuss with your HCP.	Nasal sprays: zolmitriptan (preferred), sumatriptan Dissolvable tablet: rizatriptan, zolmitriptan Dissolvable powder: diclofenac potassium powder Suppositories: NSAIDs Injectables: Sumatriptan, Ketorolac
Tailor treatment	Attack severity may vary. Different types of attacks may need different approaches.	Explore options and combinations (layering treatments) for different types of attacks. See if you can learn to predict which treatment is best for which attack.
Keep trying and consider other options	There is no way to predict which treatment will work. They all work differently to treat migraine.	Discuss a plan with your HCP. See which options you can try. Have a plan and don't give up!
Use a headache diary to track your migraine	Making decisions is easier with a clear baseline and detailed information.	Choose your diary tool (i.e. Canadian Migraine Tracker app, paper templates) and use consistently to record your observations. Bring results to your appointments.
Beyond medications	Every bit counts for relief	Some examples include: heat, cold (ice), mint roller, aromatherapy, glasses, meditation, rest, TENS etc.

IF YOU'RE TREATING GREATER THAN 8-10 MIGRAINE DAYS/MONTH, DISCUSS WITH YOUR HCP
- Frequent acute medication use may lead to more attacks
- If you are relying on acute treatment 8 days or more, then you likely need to consider starting or optimizing preventive treatment
- Gepants do not cause medication overuse headache

Other less commonly used options (speak with your HCP)

Dihydroergotamine (DHE)	Migranal Nasal Spray 2 mg, Subcutaneous injection 1 mg vial	Nasal spray absorption is not very reliable. Repeated nasal use can irritate the nasal mucosa. Subcutaneous use is complicated for patients and usually prescribed by headache specialists.
Neuromodulation devices	Cefaly, GammaCore, (Nerivio and eNeura are not yet available in Canada)	Neuromodulation is safe and effective. Devices are not currently covered by insurance.
Combination analgesics	Any combination of acetaminophen/aspirn/caffeine/codeine/ barbiturates	Many options exist, some sold without prescription. The risk of medication overuse headache is high with these compounds. Codeine should be avoided if possible.

OPIOIDS SHOULD BE AVOIDED.

Opioids should NEVER be a first line/Primary Care option. There is a high risk of addiction and worsening of migraine frequency over time. Discuss with a headache specialist after having tried other safer options.

CANNABIS USE REMAINS CONTROVERSIAL

Due to conflicting evidence and a lack of standardized dosing, cannabis is not recommended as an effective migraine treatment.

LIST OF ACUTE MIGRAINE MEDICATIONS FOR ADULTS
DISCUSS OPTIONS WITH YOUR CARE PROVIDER

Class of medications	Medications	Adult dosing** If no contraindication	Maximum daily dose
Acetaminophen	Acetaminophen (Tylenol)	1000 mg	4000 mg = 8 tablets of 500 mg
Non-steroidal anti-inflammatory medications NSAIDs	Acetylsalicylic acid (Aspirin) tablet or effervescent	500 mg to 1000 mg every 4-6 hours	4000 mg = 8 tablets of 500 mg
	Diclofenac potassium powder (Cambia)	50 mg	150 mg
	Diclofenac potassium tablet	50 mg	150 mg
	Ibuprofen	400 mg every 4 hours	2400 mg = 6 tablets of 400 mg
	Indomethacin	25, 50, 100 mg tablets 50, 100 mg suppositories	200 mg
	Ketorolac	10 mg tablet, 30 mg intramuscular injection (vial)	40 mg oral form, 120 mg injectable form
	Naproxen and Naproxen sodium	500 mg/550 mg twice daily	1100 mg
Triptans (*Monthly maximum of 10 doses*)	Almotriptan (Axert)	6.25 and 12.5 mg tablets	For all triptans except eletriptan, 2 doses are allowed over a 24h period. As per Canadian product labelling, eletriptan 40mg is limited to one dose/24h but most experts will allow 2 doses. The second dose can be taken 2h after the first for almotriptan, eletriptan, rizatriptan, sumatriptan and zolmitriptan, and 4h after the first for frovatriptan and naratriptan.
	Eletriptan (Relpax)	20 mg and 40 mg tablets	
	Frovatriptan (Frova)	2.5 mg tablet	
	Naratriptan (Amerge)	1 and 2.5 mg tablets	
	Rizatriptan (Maxalt)	5 mg and 10 mg tablets and dissolving tablet	
	Sumatriptan (Imitrex)	50, 100 mg tablet, 20 mg nasal spray, 6 mg SC injector	
	Zolmitriptan (Zomig)	2.5 mg tablet/dissolving tablet, 2.5 mg and 5 mg nasal spray	
Combination	Sumatriptan + Naproxen (Suvexx)	85 mg /500 mg tablet	2 tablets
Gepants (*Monthly maximum of 16 doses*)	Ubrogepant (Ubrelvy)	50 mg and 100 mg tablet	200 mg May repeat after ≥2 hours to a maximum of 200 mg/24 hours.
	Rimegepant (Nurtec)	75 mg dissolving tablet	75 mg Can only be taken once in 24 hour period.
Anti-nausea	Dimenhydrinate (Gravol)	50 mg and 100 mg oral (liquid, chewable exist) 25 mg, 100 mg suppository	400 mg
	Metoclopramide (Metonia)	10 mg tablet	60 mg
	Prochlorperazine (Stemetil)	10 mg tablet	40 mg
	Ondansetron (Zofran)	4 mg and 8 mg tablets/dissolving tablet/film	32 mg

Private and public drug insurance plans may cover the cost of these medications. They typically require specific forms and medication prerequisites for approval. Speak to your drug benefit provider directly to find out these details.