

Headache Medication Sheet

Acute Treatment of Migraine

Presented by Randall Children's Neurology

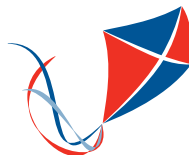
| Agent | Formulation | Dosing | Comments |
|---------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ibuprofen | Chewable tablet: 100 mg Tablet: 100, 200 mg Liquid: 100 mg/5 mL, 50 mg/1.25 mL | 10 mg/kg at migraine onset and up to three times daily after food | Often under-dosed by family <i>*Limit OTC analgesics to < 15 days/month to avoid medication overuse.</i> |
| Selected triptans | | | |
| Rizatriptan (Maxalt) | Tablet: 5, 10 mg Oral dissolving tablet (ODT): 5, 10 mg | Ages 6 yrs and up; all dosage forms: 5 mg for children < 40 kg 10 mg for children > 40 kg | Take the triptans at migraine onset. May repeat x1 in two hours as needed. Main side effects are chest pain/ tightness and head tightness. Contraindications: • Hemiplegic or basilar migraine Cerebrovascular or coronary artery disease • Use of ergots or MAO <i>*Limit triptans to < 10 days/month to avoid medication overuse.</i> |
| Sumatriptan (Imitrex) | Tablet: 25, 50, 100 mg | Ages 8 yrs and up; oral: 25–50 mg for children < 12 yrs up to 100 mg for children > 12 yrs | |
| | Nasal spray: 5, 20 mg/actuation | Ages 5 yrs and up; intranasal: 10 mg for children 20–39 kg 20 mg for children > 40kg | |
| | Subcutaneous injection: 4, 6 mg | Ages 5 yrs and up; intranasal: 10 mg for children 20–39 kg 20 mg for children > 40kg | |
| Zolmitriptan (Zomig) | Tablet: 2.5, 5 mg ODT: 2.5, 5 mg Nasal spray: 5 mg | Ages 6 yrs and up; subcutaneous injection: 0.06 mg/kg/dose (occasionally up to 0.1 mg/kg/dose) up to max single dose of 6 mg | |

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To make a referral, refer via Epic or [fax the Randall Children's Hospital–Specialty Referral form](#) to 503-413-2419 (Oregon) or 360-487-1033 (Washington).

For urgent referrals, call Legacy One Call Consult & Transfer: 1-800-500-9111 to speak to the on-call pediatric neurologist.

(continued)



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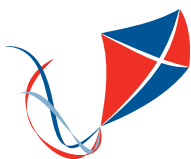
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Preventive treatment of migraine (selected medications) <i>For the following three drugs, increase the dose slowly, no more than every week or two, as it can take up to six weeks to see the full effect of the dose. You may not need to go to the full or maximum dose to have effective results.</i> | | | |
| Amitriptyline (Elavil) | Tablet: 10, 25, 50 mg | Age 3 yrs and up Start: 5–10 mg qhs Goal: 20–50 mg qhs (or 1 mg/kg) | <ul style="list-style-type: none"> • Risk of arrhythmias (rare with these lower doses), consider screening EKG • May help with insomnia |
| Cyproheptadine (Periactin) | Tablet: 4 mg Liquid: 2 mg/5mL | Age 2–10 yrs Start: 2 mg qhs Goal: 0.25–1.5 mg/kg/day divided BID (max daily dose 16 mg) | <ul style="list-style-type: none"> • Avoid over 10 yrs due to dose limits and appetite effects |
| Propranolol (Inderal) | Tablet: 10, 20, 40, 60, 80 mg XR tablet: 60, 80, 120, 160 mg Liquid: 4 mg/mL, 8 mg/mL | Age 3 yrs and up for migraine Start: 1 mg/kg/day or 20 mg/day q day or divided bid Goal: 2–4 mg/kg/day divided BID-TID if using standard form up to 80 mg/dose | <ul style="list-style-type: none"> • Avoid in asthma, caution with depression; double-check the suspension concentration with families and pharmacists |
| Topiramate (Topamax) | Tablet: 25, 50, 100 mg Sprinkle capsules: 15, 25 mg | Age 8 yrs and up for migraine Start: 12.5–25 mg qhs Goal: 25–50 mg BID; increase weekly as tolerated; max dose 200 mg/day | <ul style="list-style-type: none"> • Consider in overweight patients • Can cause cognitive slowing and increased risk for kidney stones |
| Supplements | | | <ul style="list-style-type: none"> • Consider if family is reluctant to use medication or are focusing on lifestyle changes |
| Magnesium | | 300–600 mg/day (or 9mg/kg/day) | |
| Riboflavin | | 50–400 mg/day | |
| Coenzyme Q10 | | 1–3 mg/kg/day (up to 300 mg) | |

Adapted from:

Babineau S.E., Green M.W. Headaches in children. *Continuum: Lifelong Learning Neurology* 2012; 18:853–862.

Gladstein J. Pediatric Headache. *Current Treatment Options in Neurology* 2006; 8:451–456

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