**Brands**  
- Frova, Migard

**Generic?**  
- No

**Class**  
- Triptan

**Commonly Prescribed For**  
(FDA approved in bold)  
- Migraine  
- Menstrual migraine

**How the Drug Works**  
- Selective 5-HT1 receptor agonist, working predominantly at the B and D receptor subtypes. Effectiveness may be due to blocking the transmission of pain signals from the trigeminal nerve to the trigeminal nucleus caudalis and preventing release of inflammatory neuropeptides rather than just causing vasoconstriction

**How Long until It Works**  
- 2 hours or less

**If It Works**  
- Continue to take as needed. Patients taking acute treatment more than 2 days/week are at risk for medication-overuse headache, especially if they have migraine

**If It Doesn’t Work**  
- Treat early in the attack – triptans are less likely to work after the development of cutaneous allodynia, a marker of central sensitization  
- For patients with partial response or reoccurrence, add an NSAID  
- Change to another agent

**Best Augmenting Combos for Partial Response or Treatment-Resistance**  
- NSAIDs or neuroleptics are often used to augment response

**Tests**  
- None required

---

**ADVERSE EFFECTS (AEs)**

**How Drug Causes AEs**  
- Direct effect on serotonin receptors

**Notable AEs**  
- Tingling, flushing, dizziness, palpitations, muscle pain, sensation of burning, vertigo, sensation of pressure, nausea

**Life-Threatening or Dangerous AEs**  
- Rare cardiac events including acute MI, cardiac arrhythmias, and coronary artery vasospasm have been reported with frovatriptan

**Weight Gain**  
- Unusual

**Sedation**  
- Unusual

**What to Do about AEs**  
- In most cases, only reassurance is needed. Lower dose, change to another triptan or use an alternative headache treatment

**Best Augmenting Agents for AEs**  
- Treatment of nausea with antiemetics is acceptable. Other AEs improve with time

---

**DOSING AND USE**

**Usual Dosage Range**  
- 2.5 mg

**Dosage Forms**  
- Tablets: 2.5 mg

**How to Dose**  
- Tablets: give 1 pill at the onset of an attack and repeat in 2 hours for a partial response or if headache returns. Maximum 7.5 mg/day. Limit 10 days per month
Dosing Tips
- Treat early in attack

Overdose
- May cause hypertension, cardiovascular symptoms. Other possible symptoms include seizure, tremor, extremity erythema, cyanosis or ataxia. For patients with angina, perform ECG and monitor for ischemia for at least 48 hours

Long-Term Use
- Monitor for cardiac risk factors with continued use

Habit Forming
- No

How to Stop
- No need to taper. Patients who overuse triptans often experience withdrawal headaches lasting up to several days

Pharmacokinetics
- Half-life about 25 hours. $T_{\text{max}}$ 3 hours. Bioavailability is 30%. Metabolized by CYP1A2 isoenzymes. 15% protein binding

Drug Interactions
- Theoretical interactions with SSRI/SNRI. It is unclear that triptans pose any risk for the development of serotonin syndrome in clinical practice
- Concurrent propranolol or fluvoxamine use increases concentrations

Do Not Use
- Within 24 hours of ergot-containing medications such as dihydroergotamine (DHE)
- Patients with proven hypersensitivity to naratriptan, known cardiovascular disease, uncontrolled hypertension, or Prinzmetal’s angina
- Frovatriptan was not studied in patients with hemiplegic and basilar migraine
- May worsen symptoms in ischemic bowel disease

Hepatic Impairment
- Do not use with severe hepatic impairment

Cardiac Impairment
- Do not use in patients with known cardiovascular or peripheral vascular disease

Elderly
- May be at increased cardiovascular risk

Children and Adolescents
- Safety and efficacy have not been established. Triptan trials in children were negative, due to higher placebo response

Pregnancy
- Category C. Use only if potential benefit outweighs risk to the fetus. Migraine often improves in pregnancy, and other acute agents (opioids, neuroleptics, prednisone) have more proven safety

Breast-Feeding
- Frovatriptan is found in breast milk. Use with caution

THE ART OF PAIN PHARMACOLOGY

Potential Advantages
- Excellent tolerability and low rate of recurrence, even compared to other oral triptans
- Less risk of abuse than opioids or barbiturate-containing treatments

Potential Disadvantages
- Cost, potential for medication-overuse headache
- Less effective than other triptans

Primary Target Symptoms
- Headache pain, nausea, photo- and phonophobia

Pearls
- Early treatment of migraine is most effective
- Longer half-life than any other triptan but less effective
- May not be effective when taken during aura, before headache begins

SPECIAL POPULATIONS

Renal Impairment
- Concentration minimally increases with moderate to severe renal impairment – less than other triptans. Use with caution. May be at increased cardiovascular risk
In patients with status migrainosus (migraine lasting more than 72 hours) neuroleptics and DHE are more effective.

Triptans were not originally studied for use in the treatment of basilar or hemiplegic migraine.

Patients taking triptans more than 10 days/month are at increased risk of medication-overuse headache which is less responsive to treatment.

Chest and throat tightness are usually benign and may be related to esophageal spasm rather than cardiac ischemia. These symptoms occur more commonly in patients without cardiac risk factors.

Useful for short-term prophylaxis of menstrual migraine at dose of 2.5 mg twice daily for up to 6 days.

Suggested Reading


