SUMATRIPTAN inj, tab:

Class: Antimigraine Agent; Serotonin 5-$HT_{1B, 1D}$ Receptor Agonist

Indications: Intranasal, Oral, SubQ: Acute treatment of migraine with or without aura

SubQ: Acute treatment of cluster headache episodes

Available dosage form in the hospital: 6MG/0.5ML SYRINGE, TAB (500MD,100MG)

Dosage:

-Migraine:

-*Oral:* A single dose of 25 mg, 50 mg, or 100 mg (taken with fluids). If a satisfactory response has not been obtained at 2 hours, a second dose may be administered. Results from clinical trials show that initial doses of 50 mg and 100 mg are more effective than doses of 25 mg, and that 100 mg doses do not provide a greater effect than 50 mg and may have increased incidence of side effects. Although doses of up to 300 mg/day have been studied, the total daily dose should not exceed 200 mg. The safety of treating an average of >4 headaches in a 30-day period have not been established.

-*Intranasal:* A single dose of 5 mg, 10 mg, or 20 mg administered in one nostril. A 10 mg dose may be achieved by administering a single 5 mg dose in each nostril. If headache returns, the dose may be repeated once after 2 hours, not to exceed a total daily dose of 40 mg. In clinical trials, a greater number of patients responded to initial doses of 20 mg versus 5 or 10 mg. The safety of treating an average of >4 headaches in a 30-day period has not been established.

-*SubQ:* Initial: Up to 6 mg; may repeat if needed ≥1 hour after initial dose (maximum: Two 6 mg injections per 24-hour period). However, controlled clinical trials have failed to document a benefit with administration of a second 6 mg dose in nonresponders.

-Cluster headache: SubQ: Initial: Up to 6 mg; may repeat if needed ≥1 hour after initial dose (maximum: Two 6 mg injections per 24-hour period).

Geriatric

Use is not recommended (due to increased potential for adverse effects).

Renal Impairment:

No dosage adjustments are recommended.

Hepatic Impairment:

-Mild-to-moderate hepatic impairment:

-Oral: Bioavailability of oral sumatriptan is increased with liver disease. If treatment is needed, do not exceed single doses of 50 mg.

-Nasal spray: No dosage adjustmentprovided in manufacturer's labeling(has not been studied). However, because the spray does not undergo first-pass metabolism, levels would not be expected to be altered.

-Subcutaneous: No dosage adjustment necessary.

-Severe hepatic impairment: Oral, nasal, and subcutaneous (limited to Imitrex® injection, per prescribing information) formulations are contraindicated with severe hepatic impairment.

Common side effect:

Injection:

Central nervous system: Dizziness (12%), warm/hot sensation (11%)

Local: Injection site reaction (≤86%; includes bleeding, bruising, edema, and erythema)

Neuromuscular & skeletal: Paresthesia (5% to 14%)

Nasal spray:

Gastrointestinal: Bad taste (13% to 24%), nausea (11% to 13%), vomiting (11% to 13%)

Pregnancy Risk Factor: C