

# MIGRAINE MEDICATION

(Updated 12/03/2025)

## I. CODE OF FEDERAL REGULATIONS

67.109(a)(b); 67.209(a)(b); and 67.309(a)(b)

## II. MEDICAL HISTORY: Item 46. Neurologic

The individual must report frequency and duration of symptoms as well as any incapacitation from the condition or treatment. Specific comments should be made regarding any impairments, such as visual (central vice peripheral loss), hearing, speech, motor loss, or any other symptoms that could interfere with aviation safety.

## III. AEROMEDICAL DECISION CONSIDERATIONS:

See [Item 46. Neurologic](#)

## IV. PROTOCOL: N/A

## V. PHARMACEUTICAL CONSIDERATIONS

See the tables on the following pages:

### A. MIGRAINE PROPHYLAXIS

### B. MIGRAINE ABORTIVE TREATMENT

## A. MIGRAINE PROPHYLAXIS

- Used for prevention of migraines. Often taken daily to prevent episodes.
- Must have ground trial to verify no adverse effects and effectiveness from medication prior to initial consideration.
- Botox is not a first-line treatment for migraines. It is reserved for individuals with severe refractory headaches.
  - May cause delayed adverse effects such as muscle weakness, excessive fatigue, or eye symptoms.
  - Requires Special issuance.

CACI ACCEPTABLE – Migraine prophylaxis This list is not all inclusive for individual medications in a noted class.		
Migraine prophylaxis	Ground Trial	No-Fly time
<input type="checkbox"/> Beta-Blocker <ul style="list-style-type: none"> <li>• metoprolol succinate (Toprol XL)</li> <li>• propranolol hydrochloride (Inderal XL)</li> </ul>	7 days	None
<input type="checkbox"/> Calcium Channel Blocker (CCB) <ul style="list-style-type: none"> <li>• verapamil (Calan; Isoptin SR; Verelan; Covera HS)</li> <li>• nifedipine (Procardia XL)</li> </ul>	7 days	None
<input type="checkbox"/> Angiotensin-converting enzyme (ACE) inhibitors <ul style="list-style-type: none"> <li>• lisinopril (Prinivil; Qbrelis; Zestril)</li> </ul>	7 days	None
<input type="checkbox"/> Angiotensin II Receptor Blockers (ARB)	7 days	None
<input type="checkbox"/> Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist <ul style="list-style-type: none"> <li>• atogepant (Qulipta)</li> <li>• erenumab (Aimovig)</li> <li>• eptinezumab (Vyepi)</li> <li>• fremanezumab (Ajovy)</li> <li>• galcanezumab (Emgality)</li> </ul>	7 days	None
SI CONDITIONAL – Migraine Prophylaxis		
Migraine Prophylaxis	Ground Trial	No-Fly Time After each dose
botulinum toxin (Botox)	1 month	72 hours
UNACCEPTABLE – Migraine Prophylaxis Use prohibited as a single agent or in any combination product.		
<input checked="" type="checkbox"/> ALL tricyclic antidepressants (TCA) <input checked="" type="checkbox"/> gabapentin (Neurontin) <input checked="" type="checkbox"/> lacosamide (Vimpat) <input checked="" type="checkbox"/> lamotrigine (Lamictal) <input checked="" type="checkbox"/> lasmiditan (Reyvow) [unacceptable for prophylaxis/prevention] <input checked="" type="checkbox"/> pregabalin (Lyrica) <input checked="" type="checkbox"/> topiramate (Topamax) <input checked="" type="checkbox"/> valproic acid (Depakote)		

## B. MIGRAINE ABORTIVE TREATMENT (Used to stop a migraine.)

- Post-dose observation time (no fly warning) is based on medication half-life.
- ACCEPTABLE when used occasionally. Unacceptable for daily use.
- If multiple abortive medications are required on a recurring basis to stop symptoms, this is considered a complicated migraine, and the AME should Defer.

CACI ACCEPTABLE - Migraine Abortive Treatment	
Medication Drug Class	Post-dose observation
<input type="checkbox"/> Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist <ul style="list-style-type: none"> <li>• rimegepant (Nurtec)</li> <li>• ubrogepant (Ubrovelvy)</li> <li>• zavegepant (Zavzpret)</li> </ul>	48 hours
<input type="checkbox"/> Ergot Derivative <ul style="list-style-type: none"> <li>• dihydroergotamine (Migranal)</li> <li>• ergotamine + caffeine (Wigraine)</li> </ul>	48 hours 24 hours
<input type="checkbox"/> Serotonin 5HT1 receptor agonist <ul style="list-style-type: none"> <li>• almotriptan (Axert)</li> <li>• naratriptan (Amerge)</li> <li>• rizatriptan (Maxalt)</li> <li>• SUMATriptan (Imitrex) [all formulations]</li> <li>• ZOLMitriptan (Zomig)</li> </ul>	24 hours
<input type="checkbox"/> Serotonin 5HT1 receptor agonist ( <b>longer half-life</b> ) <ul style="list-style-type: none"> <li>• eletriptan (Relpax)</li> <li>• frovatriptan (Frova)</li> </ul>	48 hours
<input type="checkbox"/> Combinations <ul style="list-style-type: none"> <li>• meloxicam + rizatriptan (Symbravo)</li> <li>• sumatriptan + naproxen (Treximet)</li> </ul>	24 hours
<input type="checkbox"/> Nausea and Vomiting (associated with migraine) <ul style="list-style-type: none"> <li>• metoclopramide (Reglan)</li> <li>• ondansetron (Zofran)</li> <li>• promethazine (Phenergan)</li> </ul>	36 hours 24 hours 96 hours
SI CONDITIONAL - Migraine Abortive Treatment	
<input type="checkbox"/> Serotonin 5-HT <sub>1F</sub> Receptor Agonist <ul style="list-style-type: none"> <li>• lasmiditan (Reyvow)</li> </ul>	48 hours
<ul style="list-style-type: none"> <li>• ketorolac (Toradol) - ALL routes of administration</li> </ul> <p><b>Note:</b> Used short-term, less than 5 days, for severe and/or intractable headaches. This medication is not intended to be used for mild symptoms.</p>	36 hours

**UNACCEPTABLE - Migraine Abortive Treatment**

Use prohibited as a single agent or in any combination product.

- ❌ Acetaminophen + butalbital (Fioricet)
- ❌ Aspirin + butalbital (Fiorinal)
- ❌ ALL opioid analgesics
- ❌ Acetaminophen + isomethptene + dichloralphenazone (Midrin)