Symbravo® (meloxicam/rizatriptan) – New drug approval

- On January 30, 2025, Axsome Therapeutics announced the FDA approval of Symbravo (meloxicam/rizatriptan), for the **acute treatment of migraine with or without aura in adults**.
    - Symbravo should only be used where a clear diagnosis of migraine has been established. If a patient has no response for the first migraine attack treated with Symbravo, the diagnosis of migraine should be reconsidered before Symbravo is administered to treat any subsequent attacks.
    - Symbravo is not indicated for the preventive treatment of migraine attacks.
    - Symbravo is not indicated for the treatment of cluster headache.

- Symbravo is a combination of a NSAID (meloxicam) and a triptan (rizatriptan). Each of these single ingredients are available generically.

- The efficacy of Symbravo was established in a randomized, double-blind, controlled study (Study 1) in 1,594 patients with a history of migraine with or without aura. Patients were randomized to receive either Symbravo, rizatriptan, meloxicam, or placebo. Patients were instructed to treat a migraine of moderate to severe pain intensity with a single dose of medication. The primary analyses were conducted in patients who treated a migraine with moderate to severe pain. The co-primary endpoints were pain freedom at 2 hours and most bothersome symptom (MBS) freedom (ie, photophobia, phonophobia, or nausea) at 2 hours.
    - The percentage of patients achieving headache pain freedom and MBS freedom 2 hours after a single dose was statistically significantly greater among patients who received Symbravo compared to those who received placebo. **Pain freedom at 2 hours was achieved in 19.9% of patients with Symbravo vs. 6.7% with placebo ($p < 0.01$) and MBS freedom at 2 hours was achieved in 36.9% of patients with Symbravo vs. 24.4% of patients with placebo ($p < 0.01$)**.
    - The key secondary endpoint of percentage of patients who experienced sustained pain freedom up to 24 hours (pain free from 2 hours through 24 hours post-dose without use of other medications) was statistically significantly greater among patients who received a single dose of Symbravo (16.1%) compared to those who received meloxicam (9%; $p = 0.001$), or rizatriptan (11%; $p = 0.038$).

- The efficacy of Symbravo was also established in a randomized, placebo-controlled study (Study 2) in 302 patients with a history of migraine with or without aura. Patients were randomized to either Symbravo or placebo. Patients were instructed to treat a migraine when the initial pain was mild, with a single dose of medication. The primary analyses were conducted in patients who treated a migraine with initial pain that was mild.
    - Pain freedom at 2 hours was 32.6% in the Symbravo treated group, compared to 16.3% in placebo ($p = 0.002$). MBS freedom at 2 hours was 43.9% in the Symbravo treated group, compared to 26.7% in the placebo group ($p = 0.003$).

- Symbravo carries a boxed warning for risk of serious cardiovascular and gastrointestinal events.

- Symbravo's contraindications and warnings and precautions are consistent with the individual ingredients.

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- The most common adverse reactions (≥ 1% and greater than placebo) with Symbravo use were dizziness and somnolence.

- The recommended dose of Symbravo is one tablet (containing 20 mg meloxicam and 10 mg rizatriptan) by mouth, as needed for the acute treatment of migraine.

    - The maximum daily dose should not exceed one tablet.
    - The safety and effectiveness of a second dose for the same migraine attack have not been established.
    - The safety of treating, on average, more than 7 headaches in a 30-day period has not been established.

- Axsome Therapeutics plans to launch Symbravo in approximately 4 months. Symbravo will be available as a tablet containing 20 mg meloxicam and 10 mg rizatriptan.

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