

PHARMACOLOGICAL THERAPEUTIC STRATEGIES FOR MIGRAINE

Selecting a therapy:¹⁻³ Initial selection of agents should be based on the level of established efficacy. Routinely evaluate patient response and utilize factors such as comorbidities, personal considerations, and adverse reactions to guide and individualize therapy. Comparisons of efficacy amongst agents of the same drug class for short-term as well as chronic use have not been established by the evidence currently available.

Frequent or high dosing of these medications can lead to rebound headaches and progression to chronic headache disorders. Initiate at the lowest possible dose then increase to desired effect or development of an adverse reaction. An adequate trial length is between 2–6mos. Discontinuation via a taper is encouraged if a patient is well-controlled after 6–12mos of therapy.

Generic	Brand	Notes
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LEVEL A – ESTABLISHED EFFICACY* (≥2 CLASS I TRIALS)

Anti-Epileptic Drugs (AEDs)

divalproex sodium	Depakote	<ul style="list-style-type: none"> • Routine monitoring required due to risk of pancreatitis and hepatotoxicity. • Contraindicated in pregnant women for migraine prophylaxis.
	Depakote ER	
topiramate	Topamax	

Beta-Blockers

propranolol	Inderal	
	Inderal LA	
timolol	—	

Selective 5-HT_{1B/1D} Receptor Agonist

frovatriptan	Frova	<ul style="list-style-type: none"> • Preferred first line agent in women of child-bearing age for short-term prevention of menstrually associated migraine (MAM).
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LEVEL B – PROBABLY EFFECTIVE (1 CLASS I OR 2 CLASS II STUDIES)

Nonsteroidal Antiinflammatory Drugs (NSAIDs)*

fenoprofen	Nalfon	<ul style="list-style-type: none"> • OTC and prescription formulations can be used
ibuprofen	Advil	
	Motrin IB	
ketoprofen	ketoprofen ext-rel	
naproxen	Aleve	
	Anaprox DS	
	Naprelan	
	Naprosyn	

Selective 5-HT_{1B/1D} Receptor Agonist

naratriptan	Amerge	<ul style="list-style-type: none"> • Second line alternative for MAM
zolmitriptan	Zomig	
	Zomig-ZMT	
	Zomig Nasal Spray	

LEVEL C – POSSIBLY EFFECTIVE (1 CLASS II STUDY)

NSAIDs

flurbiprofen	—	
mefenamic acid	Ponstel	

NOTES

Not an inclusive list. Contains only those medications FDA-approved for use in the treatment of migraine, headache, and pain.

*All equally preferred

REFERENCES

Adapted from:

1. Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults: Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology*. 2012;78(17):1337-1345
2. Silberstein, SD. Preventative Migraine Treatment. *Continuum (Minneapolis)* 2015 Aug; 21(4 Headache):973-989. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4640499>. Accessed November 28, 2017.
3. Silberstein SD, Holland S, Freitag F, et al. Evidence-Based guideline update: Pharmacologic treatment for episodic migraine prevention in adults: Data Supplement. *Neurology*. 2012;78(17). Available at <http://www.neurology.org/content/78/17/1337/suppl/DC1>. Accessed May 30, 2012.