

GUIDELINES FOR PHARMACOLOGICAL PROPHYLAXIS OF MIGRAINES*

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 2–6 months. Discontinuation via a taper is encouraged if a patient is well-controlled after 6–12 months of therapy.

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

ANTI-EPILEPTIC DRUGS (AEDs)

divalproex sodium	DEPAKOTE DEPAKOTE ER	Abbott	• Routine monitoring required due to risk of pancreatitis and hepatotoxicity.
valproic acid	STAVZOR	Noven Therapeutics	
topiramate	TOPAMAX	Janssen Pharmaceuticals	

BETA-BLOCKERS

propranolol	INDERAL INDERAL ER	Akrimax	
timolol	Timolol	various	

SELECTIVE 5-HT_{1B/1D} RECEPTOR AGONIST

frovatriptan	FROVA	Endo	• 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	Pedinol Pharmacal	• OTC and prescription formulations can be used
ibuprofen	ADVIL	Pfizer Consumer Healthcare	
	MOTRIN MOTRIN IB	McNeil Consumer & Specialty Pharmaceuticals	
ketoprofen	Ketoprofen ext-rel	various	
naproxen	ALEVE	Bayer	
	ANAPROX ANAPROX DS	Roche	
	NAPRELAN	Shionogi	
	NAPROSYN	Roche	

SELECTIVE 5-HT_{1B/1D} RECEPTOR AGONIST

naratriptan	AMERGE	GlaxoSmithKline	• Second line alternative for MAM
zolmitriptan	ZOMIG ZOMIG-ZMT ZOMIG NASAL SPRAY	AstraZeneca	

LEVEL C – POSSIBLY EFFECTIVE (1 CLASS II STUDY)

NSAIDs

flurbiprofen	ANSAID	Pfizer	
mefenamic acid	PONSTEL	Shionogi	

NOTES

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

†All equally preferred

Adapted by Prescribing Reference, Inc. from:

- 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
- Evidence-Based guideline update: NSAIDs and other complementary treatments 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): 1346-1353.
- 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.