

# PHARMACOLOGICAL MIGRAINE PROPHYLAXIS GUIDELINES

**Selecting a therapy:**<sup>1-3</sup> 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	Manufacturer	Notes
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## LEVEL A – ESTABLISHED EFFICACY\* (≥2 CLASS I TRIALS)

### ANTI-EPILEPTIC DRUGS (AEDs)

divalproex sodium	<b>Depakote</b> <b>Depakote ER</b>	AbbVie	<ul style="list-style-type: none"> <li>Routine monitoring required due to risk of pancreatitis and hepatotoxicity.</li> <li>Contraindicated in pregnant women for migraine prophylaxis.</li> </ul>
valproic acid	<b>Stavzor</b>	Noven Therapeutics	
topiramate	<b>Topamax</b>	Janssen Pharmaceuticals	

### BETA-BLOCKERS

propranolol	<b>Inderal</b> <b>Inderal LA</b>	Akrimax	
timolol	—	various	

### SELECTIVE 5-HT<sub>1B/1D</sub> RECEPTOR AGONIST

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

### NONSTEROIDAL ANTIINFLAMMATORY DRUGS (NSAIDs)\*

fenoprofen	<b>Nalfon</b>	Pedinol Pharmacal	<ul style="list-style-type: none"> <li>OTC and prescription formulations can be used</li> </ul>
ibuprofen	<b>Advil</b>	Pfizer Consumer Healthcare	
	<b>Motrin IB</b>	McNeil Consumer & Specialty Pharmaceuticals	
ketoprofen	<b>ketoprofen ext-rel</b>	various	
naproxen	<b>Aleve</b>	Bayer	
	<b>Anaprox</b> <b>Anaprox DS</b>	Roche	
	<b>Naprelan</b>	Shionogi	
	<b>Naprosyn</b>	Roche	

### SELECTIVE 5-HT<sub>1B/1D</sub> RECEPTOR AGONIST

naratriptan	<b>Amerge</b>	GlaxoSmithKline	<ul style="list-style-type: none"> <li>Second line alternative for MAM</li> </ul>
zolmitriptan	<b>Zomig</b> <b>Zomig-ZMT</b> <b>Zomig Nasal Spray</b>	AstraZeneca	

## LEVEL C – POSSIBLY EFFECTIVE (1 CLASS II STUDY)

### NSAIDs

flurbiprofen	<b>Ansaid</b>	Pfizer	
mefenamic acid	<b>Ponstel</b>	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

### REFERENCES

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.