



Screen for relative and absolute contraindications to common migraine therapies:

Follow up in 3+ months

Yes

Improved?

No

Pick the most appropriate patient-specific and evidence-based migraine prevention therapy:

Factors to consider:

1. Frequency of attacks
2. Disability
3. Patient preference

Start migraine prevention therapy:

- 6 or more headache days per month with no disability
- 4 or more headache days per month with some disability
- 3 or more headache days with severe disability.

Consider starting migraine prevention therapy:

- 4-5 headache days with no disability
- 3 headache days with some disability
- 2 headache days with severe disability
- In patients who prefer to use prevention therapy

Definitions:

CGRPi = Calcitonin gene related peptide inhibitor
AED = antiepileptic drug

Condition	Drugs to avoid
Women of childbearing age	Valproate
Pregnant	Topiramate
Plans to become pregnant	ACE/ARBs
Nursing mothers	CGRPi's
Hypotension/fall risk	ACE/ARBs
	Beta blockers
	Gabapentin
*History of nephrolithiasis	Topiramate
Cognitive impairment	Topiramate
	TCAs
Low BMI	Topiramate
	SNRIs
Elevated BMI	TCAs
	BBs
	Gabapentin
*Arrhythmias	TCAs
*HF with reduced EF	CCBs
2nd or 3rd degree heart block	Nonselective BBs
*Liver dysfunction	Valproate
*Glaucoma	TCAs
	SNRIs
	Topiramate
*Pancreatitis	Valproate
*History of Suicidal Ideation	TCAs
	SNRIs
Asthma	Nonselective BBs
Alcohol abuse	Valproate
	Topiramate

*Absolute contraindications

Condition	Preferred drug
Anxiety/Depression	TCA (amitriptyline [^]) SNRI (venlafaxine [^])
Elevated BMI	Topiramate* SNRI (venlafaxine [^])
Low BMI	TCA (amitriptyline [^])
Insomnia	TCA (amitriptyline [^])
Seizures	Topiramate* Valproate*
Elevated blood pressure	ACE/ARB (lisinopril [^] or candesartan*) Beta-blocker (propranolol* or metoprolol*)
No improvement despite trying 2 out of the 3 legacy migraine prevention classes (TCA/SNRI, AED, antihypertensive)	CGRPi*

[^]Probably effective

*Established efficacy

Sources:

Ailani J, Burch RC, Robbins MS. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache: The Journal of Head and Face Pain. 2021;61(7):1021-1039.

Clinical Resource, Drugs to Prevent Migraine in Adults. Pharmacist's Letter/Prescriber's Letter. November 2020.