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on Drugs and Therapeutics

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Comparison Table: Some Drugs for Migraine Prevention in Adults

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Drug	Usual Adult Dosage	Efficacy	Precautions	Pregnancy and Lactation	Comments	Cost[1]
Oral Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists						
Atogepant – *Qulipta* (Abbvie)	75 mg PO every other day	▸ Reduced migraine frequency compared to placebo in double-blind trials	▸ Systemic adverse effects uncommon; nausea and somnolence can occur. ▸ Hypersensitivity reactions and hypertension have been reported	▸ No adequate data in pregnant women ▸ Present in low levels in breast milk; not expected to cause harm to breastfed infant	▸ Rimegepant is not FDA-approved for preventive treatment of chronic migraine	$2016.20
Rimegepant – *Nurtec ODT* (Biohaven/Pfizer)	10, 30, or 60 mg PO once/day					1204.60
Anti-CGRP Antibodies[2]						
Eptinezumab – *Vyepti* (Lundbeck)	100 or 300 mg IV q3 months	▸ Reduced migraine frequency compared to placebo in double-blind trials ▸ May be effective when other therapies have failed ▸ Erenumab has been shown (off-label) to be effective for prevention of menstrual migraine	▸ Generally well tolerated; injection-site reactions and constipation most common ▸ Anti-drug antibodies with *in vitro* neutralizing activity have developed; clinical significance unknown ▸ Hypersensitivity reactions, hair loss (with erenumab), and hypertension have been reported	▸ No adequate data in pregnant women ▸ Long half-life; fetal exposure could occur months after drug discontinuation ▸ Systemic absorption through breast milk is expected to be minimal	▸ Refrigerate during storage; drug should be allowed to sit at room temperature out of sunlight for ≥30 minutes before administration ▸ Eptinezumab: administered by IV infusion over 30 minutes ▸ Erenumab and fremanezumab: should be injected into abdomen, thigh, or upper arm ▸ Galcanezumab: should be injected into abdomen, thigh, buttocks, or upper arm	2066.20[3]
Erenumab – *Aimovig* (Amgen/Novartis)	70 or 140 mg SC once/month[4]					783.00
Fremanezumab – *Ajovy* (Teva)	225 mg SC once/month or 675 mg SC q3 months					792.90
Galcanezumab – *Emgality* (Lilly)	240 mg SC once, then 120 mg once/month					763.90
Beta Blockers						
Metoprolol[5] – generic *Lopressor* (Validus) extended-release – generic *Toprol-XL* (AstraZeneca)	50-100 mg PO bid 100-200 mg PO once/day	▸ Effective and commonly used for prevention of migraine	▸ Can cause fatigue, exercise intolerance, and orthostatic hypotension ▸ Avoid in decompensated heart failure ▸ Relatively contraindicated in asthma ▸ May aggravate depression ▸ Use with caution in patients with erectile dysfunction, peripheral vascular disease, Raynaud phenomenon, baseline bradycardia, or low blood pressure	▸ A review found no overall increase in congenital malformations, but increased rates of cleft lip/palate and cardiovascular and neural tube defects have been reported ▸ Metoprolol and propranolol are preferred over other beta blockers in breastfeeding women	▸ Improvement may take several weeks ▸ Propranolol is FDA-approved for this indication ▸ The dose of rizatriptan should be limited to 5 mg (max 15 mg/day) in adults taking propranolol; rizatriptan orally disintegrating films are contraindicated with propranolol ▸ Timolol (20 mg once/day or 10-15 mg bid) is also FDA-approved for migraine prevention. Nadolol (20-240 mg once/day) and atenolol (25-100 mg once/day) may also be effective	1.80 151.20 13.80 65.30
Propranolol – generic extended-release – generic	40-160 mg PO divided bid 60-160 mg PO once/day	▸ Effective and commonly used for prevention of migraine				720.00 18.00

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Drug	Usual Adult Dosage	Efficacy	Precautions	Pregnancy and Lactation	Comments	Cost[1]
Antiseizure Drugs						
Valproate[6] – generic *Depakote* (Abbvie) extended-release – generic *Depakote ER*	250-500 mg PO bid 500-1000 mg PO once/day	▸ Valproate and topiramate are effective and commonly used for migraine prevention ▸ About half of patients achieve ≥50% reduction in headache frequency[7] ▸ Topiramate has been effective in patients with chronic migraine (≥15 headache days/month for ≥3 months)	▸ Common adverse effects: nausea, fatigue, tremor, weight gain, hair loss ▸ Polyendocrine metabolic ovarian syndrome, hyperinsulinemia, lipid abnormalities, hirsutism, and menstrual disturbances can occur ▸ Acute hepatic failure, pancreatitis, and hyperammonemia are rare	▸ Contraindicated for prevention of migraine in pregnant women ▸ Associated with an increased risk of major congenital malformations and lower IQ scores in offspring ▸ Generally considered safe for use while breastfeeding	▸ Only divalproex sodium *(Depakote)* is FDA-approved for prevention of migraine	$10.90 254.40 19.00 203.50
Topiramate – generic *Topamax* (Janssen) extended-release – generic[8] *Trokendi XR* (Supernus) generic	50 mg PO bid[9] 100 mg PO once/day[9] 100 mg PO once/day[9]		▸ Adverse effects: paresthesias, fatigue, language and cognitive impairment, taste perversion, weight loss, nephrolithiasis ▸ Secondary narrow-angle glaucoma, oligohydrosis, and symptomatic metabolic acidosis are rare	▸ Should not be used in pregnant women; increased risk of cleft lip and cleft palate ▸ Generally considered safe for use while breastfeeding	▸ May reduce efficacy of oral contraceptives, especially at doses ≥200 mg/day ▸ May be an option in patients concerned about weight gain	5.70 824.40 569.90 1089.90 360.80
Tricyclic Antidepressants (TCAs)[5]						
Amitriptyline – generic	25-150 mg PO once/day	▸ Amitriptyline is the only TCA shown to be effective in clinical trials ▸ Nortriptyline, which has fewer adverse effects, is frequently used as an alternative.	▸ Adverse effects: sedation, dry mouth, constipation, blurred vision, urinary retention, tachycardia, palpitations, orthostatic hypotension, weight gain (adverse effects more common with amitriptyline) ▸ Confusion can occur, particularly in older adults	▸ TCA use during pregnancy has been associated with jitteriness and convulsions in newborns ▸ Generally safe for use while breastfeeding, but sedation could occur	▸ Can be given with other preventive agents, such as beta blockers ▸ Start at bedtime with a low dose ▸ May be an option for patients with comorbid insomnia	4.70
Nortriptyline – generic	25-150 mg PO once/day					4.80
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)[5]						
Venlafaxine – generic extended-release – generic *Effexor XR* (Pfizer)	25-50 mg PO tid 75-150 mg PO once/day	▸ Have been effective for migraine prevention in a few studies, but evidence is weak	▸ Adverse effects: nausea, vomiting, sweating, tachycardia, urinary retention, increased blood pressure	▸ Fetal malformations are uncommon ▸ Increased risks of neonatal behavioral syndrome and perinatal complications ▸ Infants nursing from mothers taking venlafaxine should be monitored for sedation and inadequate weight gain ▸ Duloxetine is generally safe for use while breastfeeding, but sedation could occur	▸ May be an option for patients with comorbid depression, panic disorder, or anxiety disorder ▸ Fluoxetine may also be effective	30.10 7.60 621.80
Duloxetine – generic *Cymbalta* (Lilly)	60 mg PO once/day		▸ Adverse effects: nausea, dry mouth, constipation, insomnia, headache, dizziness, and somnolence ▸ Small increases in blood pressure and heart rate have been observed			11.40 225.20

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Comparison Table: Some Drugs for Migraine Prevention in Adults (continued)

Drug	Usual Adult Dosage	Efficacy	Precautions	Pregnancy and Lactation	Comments	Cost[1]
Angiotensin Receptor Blocker (ARB)[5]						
Candesartan – generic *Atacand* (AstraZeneca)	8-16 mg PO once/day	▸ Appears to be effective, but study quality is low[10]	▸ Can cause hypotension, renal impairment, and hyperkalemia	▸ Contraindicated for use during pregnancy ▸ Does not appear to be secreted into breast milk in significant amounts, but data are limited	▸ Not frequently used for migraine prevention ▸ May be an option in patients who need treatment with an antihypertensive drug ▸ Telmisartan, lisinopril, verapamil, and nifedipine may also be effective	$61.30 230.00
Botulinum Toxin Type A[11]						
OnabotulinumtoxinA – *Botox* (Allergan)	155 units IM divided over 31 sites in 7 specific head/neck muscle areas every 12 weeks[12]	▸ Reduced the number of migraine days per month in clinical trials[13]	▸ Can cause headache and worsening migraine	▸ Reductions in body weight and decreased skeletal ossification were observed in the fetuses of pregnant rats and rabbits given the drug ▸ Abortions, early deliveries, and maternal death has occurred in pregnant animals given the drug ▸ Considered acceptable for use while breastfeeding	▸ *Botox* (not *Botox Cosmetic*) is FDA-approved for prevention of chronic migraine (≥15 days per month with headache lasting 4 hours a day or longer)	1302.00[14]

1. Approximate WAC for 30 days' treatment at the lowest usual adult dosage. WAC = wholesaler acquisition cost or manufacturer's published price to wholesalers; WAC represents a published catalogue or list price and may not represent an actual transactional price. Source: AnalySource® Monthly. September 5, 2026. Reprinted with permission by First Databank, Inc. All rights reserved. ©2026. www.fdbhealth.com/policies/drug-pricing-policy.
2. Erenumab targets the CGRP receptor. Eptinezumab, fremanezumab, and galcanezumab target CGRP itself.
3. Cost for one dose.
4. Some patients may benefit from a dosage of 140 mg once/month administered as 2 consecutive 70-mg SC injections.
5. Not FDA-approved for prevention of migraine.
6. Marketed as divalproex sodium (*Depakote*, and generics) and valproic acid (*Depakene*, and others).
7. WM Mulleners et al. Cephalgia 2015; 35:51.
8. Generics for *Qudexy XR* (brand name no longer manufactured).
9. The recommended initial daily dose is 25 mg. The daily dose should be increased weekly in 25-mg intervals up to 100 mg.
10. JAA Damen et al. Comparative effectiveness of pharmacologic treatments for the prevention of episodic migraine headache: a systematic review and network meta-analysis for the American College of Physicians. Ann Intern Med 2025; 178:369.
11. FDA-approved for prophylaxis of headaches in adults with chronic migraine.
12. Detailed information provided in the package insert.
13. Med Lett Drugs Ther 2011; 53:7.
14. Cost of one 200-unit vial.