

Preventive Medications for Migraine

If you experience more than three significant migraine attack days per month, you should speak to your doctor about preventive medications. There are a number of preventive medication options available for you to try that may help prevent your migraine attacks.

Most of the medication options we have are old drugs that were designed to treat other conditions but have been found helpful for migraine. New medications that have been designed specifically for migraine are also available, but you will need to try some other medications first.

There are many preventative medications that are available, finding the best option for you may take time.

Daily preventive medications: blood pressure, anti-depressant, and anti-epileptic medications

For a very long time the only options we had to help prevent migraine attacks were medications designed for other conditions. These can help and be well tolerated by some people to reduce the number and severity of migraine attacks.

Examples of some of the common preventives used for migraine are:

- Propranolol (Inderal) – a beta blocker blood pressure medication
- Amitriptyline (Endep) or Nortriptyline (Allegron) – a tri-cyclic anti-depressant
- Topiramate (Topamax) – an epilepsy medication
- Verapamil (Isoptin) – a calcium channel blocker blood pressure medication
- Candesartan (Atacand) - an angiotensin II receptor blocker blood pressure medication
- Sodium valproate (Epilim)- an epilepsy medication
- Pizotifen (Sandomigran)- an antihistamine/ antiserotonin medication

BOTOX FOR MIGRAINE

Botox injections for migraine prevention is also a treatment option for those with Chronic Migraine, that is, more than 15 headache days per month. This has to be administered by a specialist neurologist, and you need to have failed three other preventive medications first.

This fact sheet has been clinically reviewed by Dr Bronwyn Jenkins (BMed FRACP)

Daily preventive medications: CGRP's

CGRP therapies are a new type of medication used to prevent migraine attacks.

The medication blocks a protein called calcitonin gene-related peptide (CGRP) or its receptor. CGRP may cause inflammation and pain in the nervous system of people who live with migraine. Research identified CGRP as a chemical that surges in our systems during a migraine attack; and by blocking the CGRP we can block some of the migraine attacks.

CGRP antagonist medications have been designed specifically for migraine. They may be very effective and have fewer side effects. However, they are expensive, and getting subsidised access to the medications on the PBS is limited.

There are currently five CGRP antagonist medications available:

- Erenumab (Aimovig) is a monthly injectable monoclonal antibody
- Fremanezumab (Ajovy) is a monthly or quarterly injectable monoclonal antibody
- Galcanezumab (Emgality) is a monthly injectable monoclonal antibody
- Eptinezumab (Vyepti) is a quarterly infusion monoclonal antibody
- Rimegepant (Nurtec) is a dissolvable wafer gepant taken daily as an abortive or every second day as a preventative.

Ajovy, Emgality and Vyepti are available on the PBS for Chronic Migraine patients who have failed at least three other preventive medications, with any Medication Overuse Headache being managed, and under the care of a neurologist. Ajovy is also available on the PBS for those with high-frequency Episodic Migraine. There are also private pay schemes to purchase Ajovy and Emgality if not qualifying as the subgroup that qualify for a PBS script. Aimovig was withdrawn from PBS consideration and is only available as a private script. Nurtec is newer and at the time of publication is only available on a private prescription.

Other new CGRP targeting medications taken as tablets are available in other countries or are in the final stages of development, but will take some time to come to Australia.

Check Migraine Australia's website www.migraine.org.au/CGRP for the current status of all the new medications and learn more about how they work.

