Goals for Migraine Prevention

According to the AHS position statement, the goals of migraine prevention are to:

- ✓ Reduce attack frequency, severity, duration, and disability
- ✓ Improve responsiveness to and avoid escalation in the use of acute treatment
- ✓ Improve function and reduce disability.
- ✓ Reduce reliance on poorly tolerated, ineffective, or unwanted acute treatments
- ✓ Reduce overall cost associated with migraine treatment
- ✓ Enable patients to manage their own disease to enhance a sense of personal control
- ✓ Improve health-related quality of life
- ✓ Reduce headache-related distress and psychological symptoms

AHS, American Headache Society.
Ailani J, et al. *Headache.* 2021;61(7):1021-39.

AHS Consensus Statement for Preventative Treatment: Consider Headache Frequency and Disability

Prevention should be:	Headache days per month	Degree of disability required
Offered	≥6	None
	≥4	Some
	≥3	Severe (bedrest)
Considered	4-5	None
	3	Some
	2	Moderate

Disability: as measured by the Migraine Disability Assessment Scale, Migraine Physical Function Impact Diary, or Headache Impact Test

Migraine prevention should also be considered for patients with hemiplegic migraine, migraine with brainstem aura, migraine with prolonged aura (>60 min), and a history of prior migrainous infarction

Other factors to consider include contraindication to, failure of, or overuse of acute treatments; adverse events with acute treatments; and patient preference

AHS, American Headache Society.
Ailani J, et al. *Headache.* 2021;61(7):1021-39.

Anti-CGRP Monoclonal Antibodies Have Longer Half-Lives Than Gepants

	Acute/Preventative treatment	Administration form	Half-life
Gepants			
Atogepant[1]	Prevention	Tablet	11 hours
Rimegepant[2]	Acute/Prevention	Oral disintegrating tablet	11 hours
Ubrogepant[3]	Acute	Tablet	5-7 hours
Zavegepant[4]	Acute	Nasal spray	6.55 hours
Monoclonal Antibody			
Erenumab[5]	Prevention	SC injection	28 days
Eptinezumab[6]	Prevention	IV infusion	27 days
Galcanezumab[7]	Prevention	SC injection	27 days
Fremanezumab[8]	Prevention	SC injection	31 days

A drug is considered eliminated from the body after 5 times its half-life.[9]

SC, subcutaneous; IV, intravenous. 1. Qulipta. Package insert. AbbVie; 2023; 2. Nurtec ODT. Package insert. Pfizer Inc. ;2023; 3. Ubrelvy. Package insert. AbbVie Inc.; 2023; 4. Zavzpret. Package insert. Pfizer Inc. ;2023; 5. Aimovig. Package insert. Amgen Inc.; 2023. 6. Vyepti. Package insert. Lundbeck Seattle BioPharmaceuticals, Inc.; 2022; 7. Emgality. Package insert. Eli Lilly and Company; 2021; 8. Ajovy. Package insert. Teva Pharmaceuticals; 2022; 9. Al-Hassany I, et al. *Lancet Neurol.* 2022;21(3):284-24.

CGRP Antagonists Are Not Recommended For Use in Pregnancy or Breastfeeding

- CGRP is an important mediator in pregnancy, increasing uteroplacental blood flow and decreasing vascular resistance[1]
- Animal testing at high gepant doses found fetal toxicity and fetal loss[3]

	Gepants	Anti-CGRP monoclonal antibodies
Half-life	5-11 hours	28 days (must be stopped 6 months before pregnancy)
ACOG recommendations for use during pregnancy[2]	Do not use	Do not use
Fetal risks[1]	Unknown	Unknown

Clinical trials are underway to assess the risk of pregnancy and infant outcome after gepant exposure.

ACOG, American College of Obstetricians and Gynecologists.

1. Robblee J. Management of headache in pregnant women - practical neurology. (May/June 2023). Accessed December 21, 2023. https://practicalneurology.com/articles/2023-may-june/management-of-headache-in-pregnant-women; 2. Headaches in Pregnancy and Postpartum: ACOG Clinical Practice Guideline No. 3. *Obstet Gynecol.* 2022;139(5):944-72; 3. Tepper D. *Headache.* 2020;60(5):1037-39.