

Summary of evidence for migraine preventives

This table provides a simplified summary of the confidence in the evidence for preventive medications for episodic and chronic migraine vs placebo for change in monthly headache days at 12 weeks (or closest available time point). The term chronic migraine refers to headache occurring ≥ 15 days/month for >3 months, which, on at least 8 days/month, has the features of migraine headache.

	Episodic migraine	Chronic migraine
High confidence in the evidence <i>Highly likely that the treatment is more effective than placebo at reducing monthly headache days.</i>	Erenumab Galcanezumab	Fremanezumab Galcanezumab OnabotulinumtoxinA
Moderate confidence in the evidence <i>Likely that the treatment is more effective than placebo at reducing monthly headache days.</i>	Atogepant Eptinezumab Fremanezumab Propranolol Rimegepant Topiramate Valproate	Atogepant Eptinezumab Erenumab Rimegepant Topiramate Valproate
Low confidence in the evidence <i>Possible that the treatment is more effective than placebo at reducing monthly headache days.</i>	Amitriptyline Bisoprolol Flunarizine Fluoxetine Levetiracetam Metoprolol Nifedipine Pizotifen Telmisartan	
Very low confidence in the evidence <i>Insufficient evidence to determine whether the treatment is more effective than placebo at reducing monthly headache days.</i>	Atenolol Candesartan Clomipramine Clonazepam Clonidine Duloxetine Enalapril Gabapentin Lamotrigine	Lisinopril Nicardipine Oxprenolol Pindolol Timolol Venlafaxine Verapamil Vigabatrin

This information is from the American Academy of Neurology and American Headache Society's, "Pharmacologic Treatment for Migraine Prevention in Adults Systematic Review," which was published in *Neurology*® online on August 31, 2026. Please refer to the full guideline at [AAN.com/guidelines](https://www.aan.com/guidelines) for more information, including the full systematic review of the evidence and practice recommendations.

