Hertfordshire & West Essex Chronic Migraine Pathway

CHRONIC MIGRAINE
≥15 headache days/month with at least 8 days having features of migraine for more than 3 months

TRIAL OF ORAL PREVENTATIVES

- Potential for analgesia overuse headaches is assessed & addressed
- At least 3 prophylactic treatments from different drug groups have been trialled for at least 3 months at or above the minimum target dose.
- Local specialists advised that if prophylactic trials are limited by tolerability (i.e., discontinued at a dose lower than the minimum advised target) then up to 6 preventative medications should be trialled

(refer to Treatment of migraine in adults in primary care guideline for further details)

Ensure appropriate contraception

Inadequate response or treatments not tolerated
≥15 headache days/month of which at least 8 are with migraine

Partial response
<15 headache days /month but at least 4 migraine days/month

see EPISODIC MIGRAINE pathway

Yes

Consider treatment with an anti-CGRP drug◊ or cranial botulinum toxin A

◊ If patient currently receiving **rimegepant** for treatment of **acute** migraine this should be stopped. The specialist will advise patient and GP on any changes to recommendations for acute treatment.

3 month diary data at baseline to include:

- Migraine days
- Headache load
- Crystal clear days
- HIT6 (QOL)

Box 1

Anti-CGRP treatment*

Receptor-based	Peptide-based
Erenumab s/c RED	Galcanezumab s/c RED
Atogepant po AI	Fremanezumab s/c RED
	Eptinezumab i/v RED

OR

Cranial botulinum toxin A treatment

Continue treatment

Responders

Non-responders

Yes

Botulinum toxin A naive?

No previous trial of anti-CGRP

Previous trial of anti-CGRP

No

***Choice of anti-CGRP treatment**
The anti-CGRP treatments target the same CGRP pathway but there are differences in their specific mechanisms of action (MOA) – fremanezumab, galcanezumab & eptinezumab bind to the CGRP ligand/peptide & inhibit function at the receptor, whereas erenumab & atogepant bind to the receptor itself.

Treatment options listed by mechanism of action & overall cost [including admin costs] starting with the lowest cost.

If more than one option is equally suitable, the least expensive drug should be chosen first.

Receptor-based treatments are lower cost and are considered first line options.

(note: erenumab preparation contains Latex)

In clinic training, bloods, BP

Review after 3 monthsΔ

NEUROTEL appointment

- Migraine days
- Headache load
- Crystal clear days
- HIT6 (QOL)

Consider alternative anti-CGRP treatment with a different MOA
If inadequate response/loss of response trial of 1 treatment per MOA
See box 1

Inadequate response

≥30% reduction in migraine days & treatment tolerated?

Yes

Not tolerated Δ

Consider alternative anti-CGRP treatment
See box 1 Δ

Continue treatment

Review at 12 months & consider treatment break
Look for a sustained response over 3 consecutive months

<4 migraine days/month

Stop & re-evaluate
restart if revert to ≥ 4 migraine days/month

≥4 migraine days/month

Continue treatment
Review at least 12 monthly

Δ Intolerance to initial receptor/peptide treatment within first 3 months
Patient can be switched to an alternative receptor/peptide treatment

Rag ratings

RED	Specialist prescribing and monitoring
AMBER INITIATION (AI)	Specialist initiation, prescribing & monitoring for first 3 months before transfer to primary care

Version	3.1
Developed by	Pharmacy and Medicines Optimisation Team, Hertfordshire and West Essex (HWE) ICB with relevant HWE ICS stakeholders.
Approved by	Hertfordshire & West Essex Area Prescribing Committee
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Review Date	This HWE APC recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.
Superseded version	Hertfordshire & West Essex Chronic Migraine Pathway v3.0 HWEAPC, Nov 2024 Hertfordshire & West Essex Chronic Migraine Pathway v2.0 HWEAPC, March 2023 Hertfordshire & West Essex Chronic Migraine Pathway v1.0 HMMC, Sept 2021 (Adapted from the Addenbrookes pathway created by Dr J Anderson)