Hertfordshire & West Essex Episodic Migraine Pathway

EPISODIC MIGRAINE
< 15 headache days/month but ≥ 4 migraine days/month

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
>4 migraine days/month

Consider treatment with an anti-CGRP drug◊

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
Rimegepant po AI	Fremanezumab s/c) RED
Atogepant po AI	Eptinezumab i/v RED

In clinic training, bloods, BP

Review after 3 months♯ ▵

NEUROTEL appointment

- migraine days
- headache load
- crystal clear days
- HIT6 (QOL)

≥50% reduction in migraine days

Yes

Continue treatment

Inadequate response

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

Not tolerated ▵

Consider alternative anti-CGRP treatment
See box 1▵

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

<4 migraine days/month

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

≥ 4 migraine days a month

Continue treatment
Review at least 12 monthly

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

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

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

♯ If at any point the patient reports **>15 headache days a month (with ≥ 8 migraine days)** review and consider switching to the **chronic** migraine pathway

RAG ratings

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

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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 Episodic Migraine Pathway v3.0 HWE APC, Nov 2024 Hertfordshire & West Essex Episodic Migraine Pathway v2.0 HWE APC, March 2023 Hertfordshire & West Essex Episodic Migraine Pathway v1.1 HMMC, May 2022 (Adapted from the Addenbrookes pathway created by Dr J Anderson)