BSW Primary Care Migraine Pathway

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Migraine ACUTE Treatment Pathway

Limit use of these to maximum 2 times per week

1. Simple analgesics + antiemetics
NSAIDS or aspirin 900mg AND paracetamol AND antiemetic.
(Do not use Opioids)

2. Triptan + NSAID + antiemetic
Try low cost triptans first (see BSW formulary). Not effective at 2 hours on at least 2-3 occasions, or not tolerated?

3. 2nd line triptan + NSAID + antiemetic
Consider alternative delivery e.g. orodisp, spray, s/c. Consider longer acting NSAIDS e.g. naproxen

Failed 2 triptans or triptans contraindicated?

4. Rimegepant 75mg Orodispersible
See BSW Rimegepant guidance

Migraine PREVENTION Pathway

Try each for at least 2 – 3 months at target dose with diary monitoring

These have GREEN Traffic Light Status and can be initiated in primary care (except topiramate in some females, see notes)

1. Propranolol: Local specialists note atenolol may be better tolerated but unlicensed for this indication.

2. Amitriptyline: Because of potential anticholinergic effect, assess patient's anticholinergic burden in >65yrs and frail: http://www.acbcalc.com/ Inform of risk of side effects. PIL here.

3. Candesartan (unlic): Not in CG150[1] but supported by BASH Guidelines[2]. Information leaflet here.

4. Topiramate:
For male patients only - Primary care clinicians can initiate topiramate in males, titrating dose slowly, as per BNF.
For female patients of childbearing potential, topiramate should NOT be initiated in primary care and should only be used following specialist recommendation (AMBER TLS). **Topiramate is teratogenic** with evidence of potential increase in neurodevelopmental disorder in children exposed to topiramate in the womb. It is contraindicated unless the requirements of the pregnancy prevention programme are met, which include highly effective contraception For full details see page 2**.**

Tried 3 preventatives for ≥2 months at target dose?
≥4 migraine days per month?; No medication overuse? Then **refer to headache specialist clinic.** Secondary care options may include Botox, Greater Occipital Nerve Block, flunarizine and injectable Calcitonin gene-related peptide inhibitors (CGRPis) such as erenumab, galcanezumab, fremenezumab and eptinezumab (RED TLS) or oral CGRPis such as rimegepant and atogepant (AMBER TLS) in line with relevant NICE TAs and BSW Biological Prevention Pathway in Adults

For all patients discuss:

- Use of headache diary Keeping a headache diary - The Migraine Trust
- Lifestyle triggers (depression, sleep, poor diet, weight loss, caffeine etc) Migraine attack triggers - The Migraine Trust

Possibility of medication overuse headache (MOH) esp. if taking the following drugs for ≥3 months:

- Triptans, opioids, ergots or combination analgesic meds on ≥10 days per month or
- Paracetamol, aspirin or NSAID, either alone or any combination on ≥15 days per month.

CKS management advice for MOH Management | Headache - medication overuse | CKS | NICE

bswicb.prescribing@nhs.net First approved BSW APC Feb 2024. Updated Oct 2024 to include MHRA DSUs and change in TLS for oral anti-CRGPs

Topiramate for migraine prophylaxis in females

From June 2024, unless conditions of a Pregnancy Prevention Programme (PPP) are fulfilled, topiramate in women of childbearing potential is contraindicated. Use during pregnancy is associated with significant harm including a higher risk of congenital malformation, low birth weight and a potential increased risk of intellectual disability, ASD and ADHD in children of mothers taking topiramate during pregnancy MHRA June 2024 Drug Safety Update.

For a comprehensive local memo with specific actions for prescribers managing topiramate for migraine prophylaxis see here Memo-for-Primary-Care-Introduction-of-Topiramate-Pregnancy-Prevention-Programme-v-2.0-July-24.pdf

Treatment of migraine during pregnancy

Offer pregnant women paracetamol for acute treatment of migraine. Consider using a triptan or NSAID after discussing the need for treatment and risks associated with each medication during pregnancy. Seek specialist advice if prophylactic migraine treatment is needed during pregnancy. UK Teratology Information Service (UKTIS) can be contacted by HCPs on 0344 892 0909. UKTIS PIL on Migraine Treatment in Pregnancy available here.

Non-formulary treatments in BSW

- **Valproate use for migraine prophylaxis is unlicensed and not supported locally for males or females**. Significant risk of harm to the baby if taken during pregnancy (teratogenic and risk of neurodevelopmental disorders): MHRA Drug Safety Update January 2024. Reproductive risks in males taking valproate (infertility) and potential emerging evidence of risks for children whose fathers were taking valproate within 3 months of conception (neurodevelopmental disorders) MHRA Drug Safety Update September 2024
- **Pizotifen is not included** in this pathway. Inadequate evidence was found in the review for NICE CG150 for the effectiveness of pizotifen in the prophylaxis of migraine in adults.
- **Riboflavin 400mg OD**: BASH guidelines[2] suggest this may be useful in preventing migraines. Advise **self-purchase only** from reputable health food shops. No licensed product in the UK; FP10 prescribing may incur costs of ~£500 per item. More robust trial data needed.
- **Acupuncture** is recommended for chronic migraine in NICE CG150 but **not locally commissioned**. Patients should self-purchase acupuncture treatment or a specialist may consider IFR if patient is exceptional.
- gammaCore (electroCore) is a device that uses non-invasive vagus nerve stimulation to treat & prevent cluster headache. It is **not commissioned for migraine.** Commissioned only for cluster headache as per NICE MTG46.

Useful references:

1.) Diagnosis and management of headaches in young people and adults. NICE CG150 September 2012 (prophylaxis sections updated Nov 2015 and May 2021). https://www.nice.org.uk/guidance/cg150

2.) BASH (2019) British Association for the Study of Headache. National Headache management System for Adults 2019. www.bash.org.uk