

# Chronic Migraine Prevention Pathway

Does the patient have chronic migraine?

≥ 15 or more headache days a month for more than 3 months with at least 8 of those having features of migraine

The patient has tried at least 3 preventative drugs and has failed, or these are contraindicated or not tolerated  
 - Beta blockers - Antidepressants - Anticonvulsant drugs  
 See [BSW Chronic Migraine Pathway](#) for further information on primary care and pre-biologic management options.

No  
 Consider alternative prevention

Yes

## Anti-CGRP mabs

### Botulinum Type A NICE TA260

155-195 units IM given as 0.1ml (5 units) to 31-39 sites every 12 weeks.

Review after 2 treatment cycles

### Atogepant NICE TA973

60mg once daily PO

TLS Amber

### Erenumab

Targets CGRP receptor  
 Prefilled syringe 140mg  
 NICE TA 682  
 140mg s/c once monthly  
 HOMECARE  
 blueiq

### Galcanezumab

Targets CGRP ligand  
 Prefilled syringe 120mg  
 NICE TA 659  
 240mg s/c loading then 120mg s/c once monthly  
 HOMECARE  
 blueiq

### Fremanezumab

Targets CGRP ligand  
 Prefilled syringe 225mg  
 NICE TA 764  
 225mg s/c once monthly or 675mg s/c every 3 months  
 HOMECARE  
 blueiq

### Eptinezumab

Targets CGRP ligand  
 Vial 100mg/ml  
 NICE TA 871  
 100mg IV every 12 weeks. Some patients may benefit from escalated dosing of 300mg IV every 12 weeks.  
 blueiq

TLS Red

Specialist review at 12 weeks

Has the monthly migraine frequency reduced by at least 30%

No

Yes

### Discontinue

If moving to a 2<sup>nd</sup> line, consider an alternative mode of action or route of administration

### Continue

**Anti-CGRP mabs** – annual specialist review required.  
**Atogepant** – annual specialist review not required. Primary care clinician to monitor regularly and seek neurology advice if frequency of migraines does not remain reduced by at least 30%

Treatment choice should be made on an individual patient basis. Where more than one treatment is suitable, the least expensive should be chosen.

N.B. Please note [gammaCore](#) is not routinely commissioned for treatment of migraine. IFR is required. GammaCore is commissioned for cluster headache [NICE MTG46](#)

# Episodic Migraine Prevention Pathway

Does the patient have episodic migraine?

< 15 or more headache days a month but  $\geq$  4 migraine days per month

The patient has tried at least 3 preventative drugs and has failed, or these are contraindicated or not tolerated  
 - Beta blockers - Antidepressants - Anticonvulsant drugs  
 See [BSW Chronic Migraine Pathway](#) for further information on primary care and pre-biologic management options.

No

Consider alternative prevention

Yes

## Anti-CGRP mabs

**Rimegepant**  
NICE [TA906](#)

75mg  
alternate days  
PO

**Atogepant**  
NICE [TA973](#)

60mg once  
daily PO

**Erenumab**

Targets CGRP receptor  
Prefilled syringe  
140mg  
NICE [TA 682](#)  
140mg s/c once monthly  
HOMECARE  
[blueiq](#)

**Galcanezumab**

Targets CGRP ligand  
Prefilled syringe  
120mg  
NICE [TA 659](#)  
240mg s/c loading then 120mg s/c once monthly  
HOMECARE  
[blueiq](#)

**Fremanezumab**

Targets CGRP ligand  
Prefilled syringe  
225mg  
NICE [TA 764](#)  
225mg s/c once monthly or 675mg s/c every 3 months  
HOMECARE  
[blueiq](#)

**Eptinezumab**

Targets CGRP ligand  
Vial 100mg/ml  
NICE [TA 871](#)  
100mg IV every 12 weeks. Some patients may benefit from escalated dosing of 300mg IV every 12 weeks. [blueiq](#)

TLS Amber

TLS Red

Specialist review at 12 weeks

Has the monthly migraine frequency reduced by at least 50%

No

Yes

**Discontinue**

If moving to a 2<sup>nd</sup> line, consider an alternative mode of action or route of administration

**Continue**

**Anti-CGRP mabs** – annual specialist review required.  
**Rimegepant & Atogepant** – annual specialist review not required. Primary care clinician to monitor regularly and seek neurology advice if frequency of migraines does not remain reduced by at least 50%

Treatment choice should be made on an individual patient basis. Where more than one treatment is suitable, the least expensive should be chosen.

N.B. Please note [gammaCore](#) is not routinely commissioned for treatment of migraine. IFR is required. GammaCore is commissioned for cluster headache [NICE MTG46](#)