

**South West London  
Episodic and Chronic Migraine Drug Pathways**

**Version 4.0**

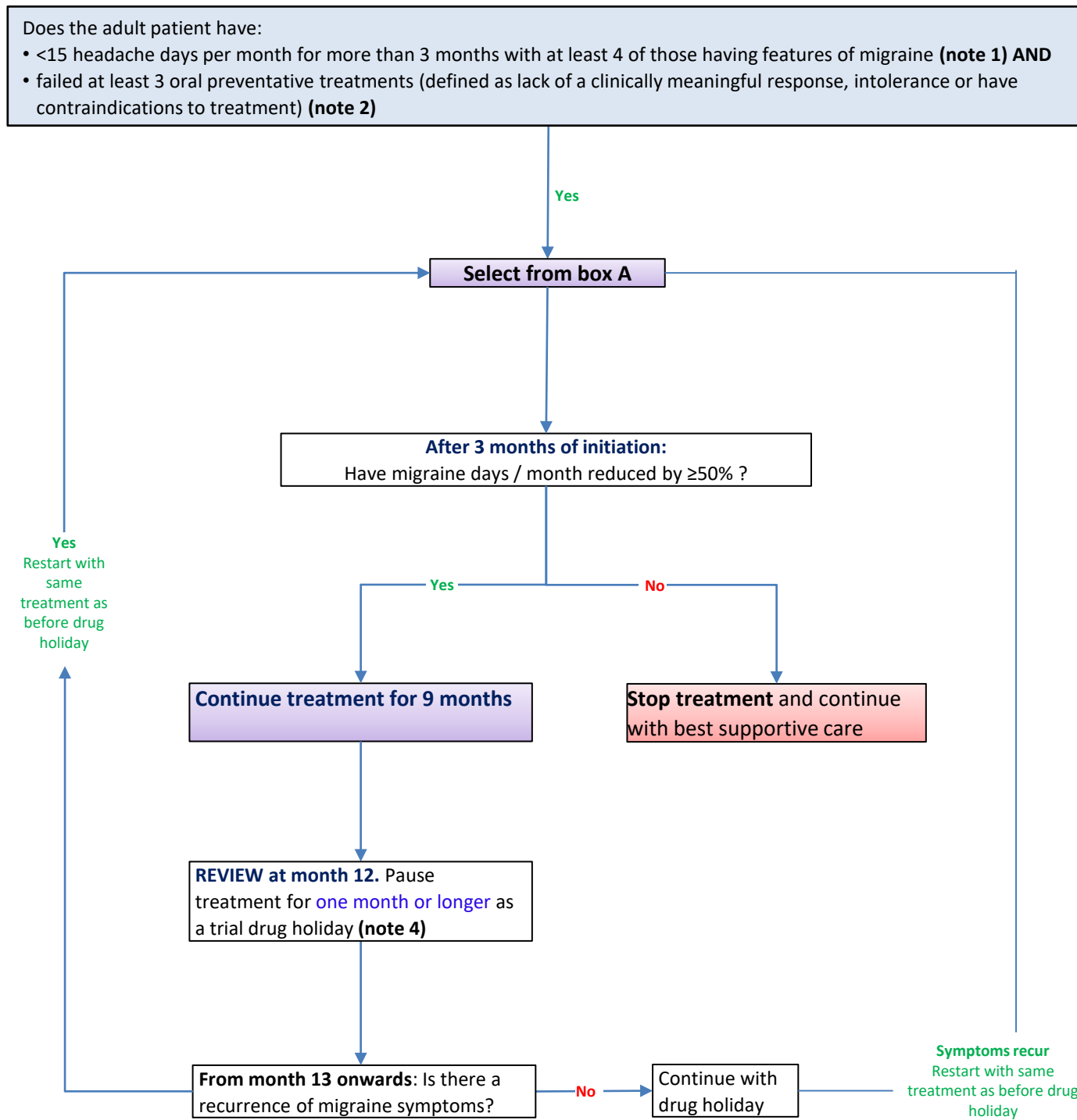
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**Approved by:** SWL Integrated Medicines Optimisation Committee  
**Date:** 17/04/2024

# SWL Drug Pathway – EPISODIC Migraine: High Cost Drug Pathway

Version 4.0 (based on NICE with local agreements)



The choice of agent should be guided by clinical factors, patient choice, and likely adherence.

**If more than one treatment option is suitable, the least expensive anti-CGRP will be chosen** (taking into account administration costs, dosage and price per dose) unless alternative is more suitable for the patient.

Drugs are listed in order of cost (including relevant administration costs where applicable, using list price or nationally (NICE) / locally (LPP) agreed contract prices).

Box A: All listed drugs are available ( <i>note 3</i> )	
Erenumab SC (140mg) monthly (TA682)	£
Rimegepant PO daily (TA906) Galcanzumab SC monthly (TA659)	££
Fremanezumab SC 225mg monthly or 675mg 3 monthly (TA764)	£££
Eptinezumab IV 12 weekly (TA871)	££££

**Note 1:** BASH recommends that particular attention is given to treatment of patients with high frequency episodic migraine (that is >8-10 migraine days/month) in whom treatment has the potential to prevent chronic migraine, a condition which carries particularly high levels of disability. Attention to this patient population does not preclude clinicians from being able to offer CGRP mAbs to patients with fewer migraine days per month where other treatments have not worked or are contraindicated, or there are other clinical reasons for CGRP mAbs to be the most appropriate treatment for those patients.<sup>1</sup>

**Note 2:** At least 3 oral preventative treatments (e.g. beta blockers, antidepressants and anticonvulsants) have been given at maximum tolerated doses for a minimum of 3 months following dose titration.

**Note 3:** Consider alternative anti-CGRP if patient has responded to treatment but this had to be stopped due to an adverse event.

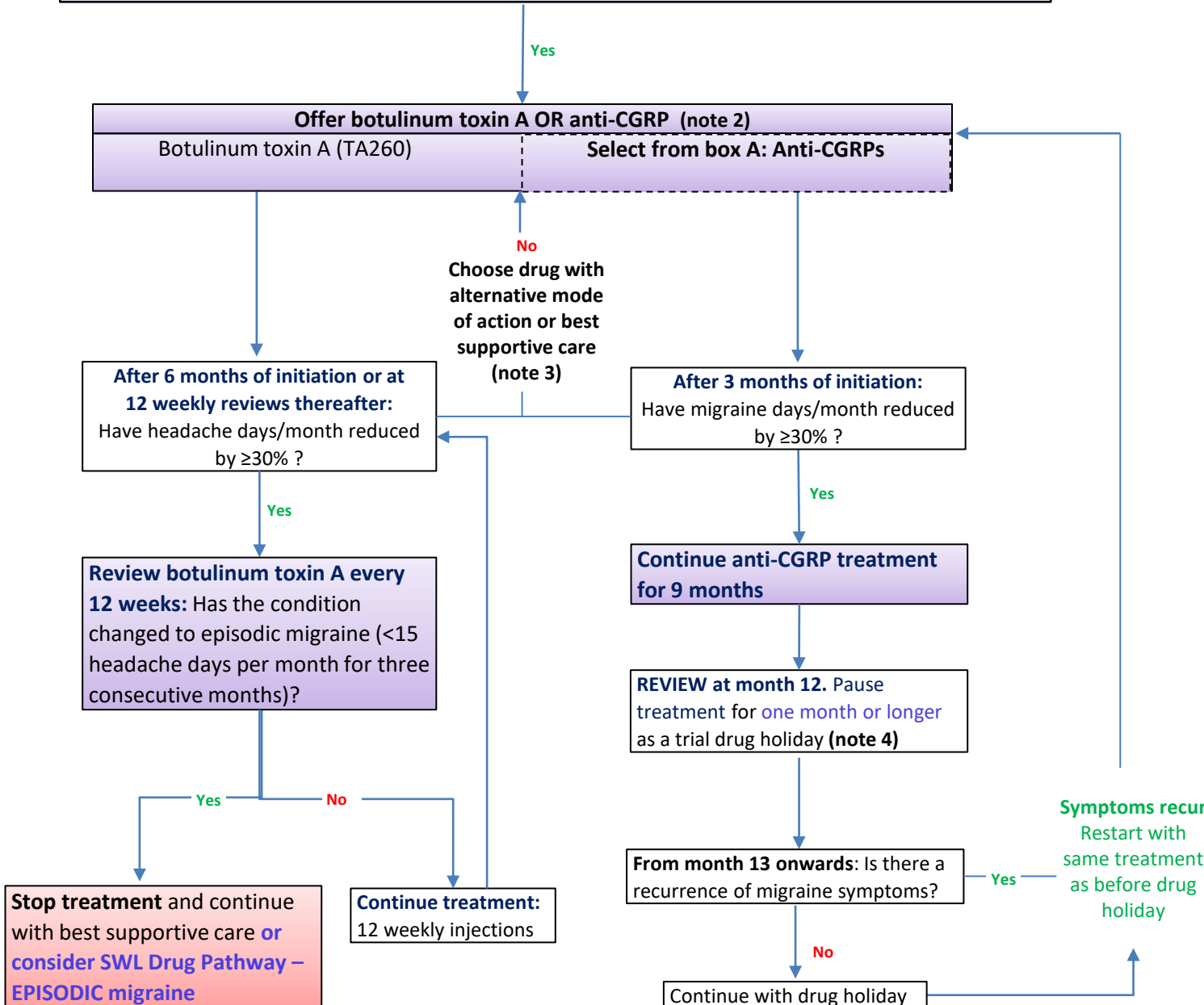
**Note 4:** BASH recommends that the need for ongoing treatment should be assessed on at least an annual basis. Clinicians might consider a treatment pause at an appropriate juncture, as experience from other preventative migraine treatments suggests that a proportion of patients will revert to a stable and manageable form of episodic migraine, and not require ongoing treatment. If treatment is reinstated, a set period should be agreed before another treatment pause is undertaken.<sup>1</sup>

# SWL Drug Pathway - CHRONIC Migraine: High Cost Drug Pathway

Version 4.0 (based on NICE with local agreements)

Does the adult patient have:

- ≥15 headaches a month for more than 3 months with at least 8 of those having features of migraines **AND**
- failed at least 3 oral preventative treatments (defined as lack of a clinically meaningful response, intolerance or have contraindications to treatment) (note 1)



The choice of agent should be guided by clinical factors, patient choice, and likely adherence.

**If more than one treatment option is suitable, the least expensive anti-CGRP will be chosen** (taking into account administration costs, dosage and price per dose) unless alternative is more suitable for the patient.

Drugs are listed in order of cost (including relevant administration costs where applicable, using list price or nationally (NICE) / locally (LPP) agreed contract prices).

Box A: All listed drugs are available (note 2, 3)	
Erenumab SC (140mg) monthly (TA682)	£
Galcanezumab SC monthly (TA659)	££
Fremanezumab SC 225mg monthly or 675mg 3 monthly (TA764)	£££
Eptinezumab IV 12 weekly (TA871)	££££

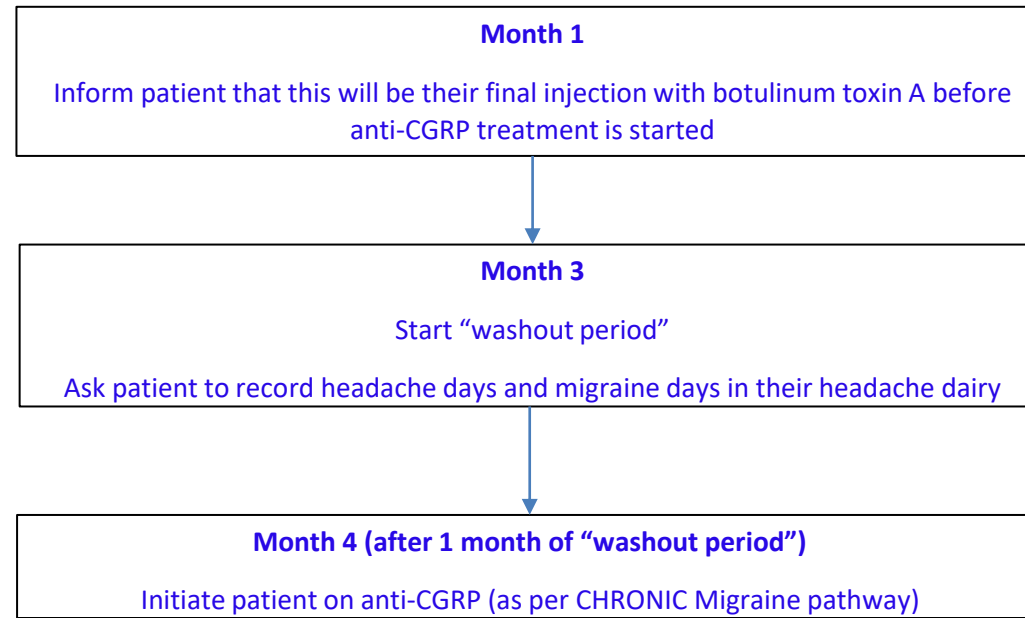
Note 1: At least 3 oral preventative treatments (e.g. beta blockers, antidepressants and anticonvulsants) have been given at maximum tolerated doses for a minimum of 3 months following dose titration.

Note 2: Consider alternative anti-CGRP/ botulinum toxin A or best supportive care if patient has responded to but this had to be stopped due to an adverse event.

Note 3: One month washout period should be observed for patients switching from botulinum toxin A to anti-CGRP treatment (see appendix 1).

Note 4: BASH recommends that the need for ongoing treatment should be assessed on at least an annual basis. Clinicians might consider a treatment pause at an appropriate juncture, as experience from other preventive migraine treatments suggests that a proportion of patients will revert to a stable and manageable form of episodic migraine, and not require ongoing treatment. If treatment is reinstated, a set period should be agreed before another treatment pause is undertaken.<sup>1</sup>

**Appendix 1: Washout period for botulinum toxin A**



**Acknowledgements:**

Kent and Medway CCG: The use of Botulinum toxin type A and calcitonin gene-related peptide inhibitors for preventing migraine in adults guidance

# SWL Drug Pathway – EPISODIC and CHRONIC Migraines - References

Version 4.0 (based on NICE with local agreements)

1. British Association for the Study of Headache. Statement from the British Association for the Study of Headache (BASH) on the Implementation of NICE guidance on CGRP monoclonal antibodies (mAbs) for the prevention of migraine. June 2021.
2. British National Formulary: <https://bnf.nice.org.uk/drug/erenumab.html>
3. British National Formulary: <https://bnf.nice.org.uk/drug/fremanezumab.html>
4. British National Formulary: <https://bnf.nice.org.uk/drug/botulinum-toxin-type-a.html>
5. British National Formulary: <https://bnf.nice.org.uk/medicinal-forms/galcanezumab.html>
6. CKS guidance: <https://cks.nice.org.uk/topics/migraine/>
7. NICE CG150 - <https://www.nice.org.uk/guidance/cg150>
8. NICE Clinical Knowledge Summaries. Migraine. Last revised in February 2018 <https://cks.nice.org.uk/migraine>
9. NICE TA260: <https://www.nice.org.uk/guidance/ta260/chapter/1-Guidance>
10. NICE TA631: <https://www.nice.org.uk/guidance/ta631/chapter/1-Recommendations>
11. NICE TA631: <https://www.nice.org.uk/guidance/ta659/chapter/1-Recommendations>
12. NICE TA682: <https://www.nice.org.uk/guidance/ta682/chapter/1-Recommendations>
13. NICE TA764: <https://www.nice.org.uk/guidance/ta764/chapter/1-Recommendations>
14. NICE TA871: <https://www.nice.org.uk/guidance/ta871/chapter/1-Recommendations>
15. NICE TA906: <https://www.nice.org.uk/guidance/ta906/chapter/1-Recommendations>

# SWL Drug Pathway – EPISODIC and CHRONIC Migraines - Version Control

Version 4.0 (based on NICE [with local agreements](#))

Version number	Main amendments	Approved by	Approval date
1.0	SWL Drug Pathway – EPISODIC and CHRONIC Migraines- New pathway developed with SWL Neurology Clinical Network (Headache Hub) (03/11/2021)	SWL IMOC	15/12/2021
2.0	Add fremanezumab (TA764) as 3 <sup>rd</sup> choice option (local agreement) to Episodic Migraine pathway	SWL IMOC	16/03/2022
3.0	Improved presentation of chronic migraine pathway to clarify that patients who lose response to Botulinum toxin 6 months after initiation or at 12 weekly reviews thereafter can switch to anti-CGRP	SWL IMOC	15/06/2022
3.1	Typing error in addendum 2, sentence corrected to read 'rimegepant' not 'eptinezumab' Removal of 'no' in appendix 1 under month 4 box Version numbering changed to differentiate between amendments to pathway and general fixes to document	N/A	N/A
4.0	Reformatted pathway to allow inclusion of addendums within pathway Allow a switch to alternative treatment due to adverse effect at any time point, rather than within initiation period only. Also reflected within notes 3 (episodic migraine) and note 2 (chronic migraine) pathways Clarify preventative treatments in note 2 (episodic migraine) and note 1 (chronic migraine) pathways	SWL IMOC	17/04/2024

Date of next review: 17/04/2026 (or earlier if indicated)