

## 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 at least 6 preventative medications should be trialled (refer to anti-CGRP treatment decision documents 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

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

see EPISODIC MIGRAINE pathway

3 month diary data at baseline to include:

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

**Anti-CGRP treatment**  
4 options available\*:  
Erenumab s/c (receptor)  
Galcanzumab s/c (peptide)<sup>Δ</sup>  
Fremanezumab s/c (peptide)<sup>Δ</sup>  
Eptinezumab i/v (peptide)<sup>Δ</sup>

**Cranial botulinum toxin A treatment**

Continue treatment

Responders

Non-responders

Botulinum toxin A naive?

No previous trial of anti-CGRP

Previous trial of anti-CGRP

In clinic training, bloods, BP

Review after 3 months

NEUROTEL appointment

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

**Consider alternative anti-CGRP treatment with different MOA**  
4 options, 2 different MOAs available\*

≥30% reduction in migraine days & treatment tolerated?

**Consider alternative anti-CGRP treatment**  
4 options, 2 different MOAs available\*<sup>Δ</sup>

Continue treatment

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

Continue treatment  
Review at least 12 monthly

<4 migraine days/month

≥4 migraine days/month

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

**\*Choice of anti-CGRP treatment**  
The 4 anti-CGRP treatments target the same CGRP pathway but there are differences in their specific mechanisms of action (MOA) – fremanezumab, galcanzumab & eptinezumab bind to the CGRP ligand/peptide & inhibit function at the receptor, whereas erenumab binds to the receptor itself.  
**Treatments are listed in current cost order starting with the lowest cost. If more than one option is equally suitable, i.e. no contraindication, the least expensive drug should be chosen first.**  
(note: erenumab preparation contains Latex)

**Δ Intolerance to initial peptide treatment**  
Patient can be switched to the alternative peptide treatment

Inadequate response

Not tolerated

OR

Yes

No

Yes

No

Inadequate response

Not tolerated

<4 migraine days/month

≥4 migraine days/month

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

Continue treatment  
Review at least 12 monthly

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<b>Developed by</b>	Pharmacy and Medicines Optimisation Team, Hertfordshire and West Essex (HWE) ICB with relevant HWE ICS stakeholders.
<b>Approved by</b>	Hertfordshire & West Essex Area Prescribing Committee
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<b>Review Date</b>	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.
<b>Superseded version</b>	Hertfordshire & West Essex Chronic Migraine Pathway v1.0 HMMC, Sept 2021 (Adapted from the Addenbrookes pathway created by Dr J Anderson)