

## 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 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**  
 >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)

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

In clinic training, bloods, BP

Review after 3 months<sup>†</sup>

NEUROTEL appointment

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

<sup>†</sup> 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

**\*Choice of anti-CGRP treatment**  
 The 4 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 binds to the receptor itself.

Treatments are listed in 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

**≥50% reduction in migraine days**

Continue treatment

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

Review after 3 months and only continue if ≥50% reduction in migraine days

**Review at 12 months & consider treatment break<sup>Δ</sup>**  
 Look for a sustained response over 3 consecutive months

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

**Continue treatment**  
 Review at least 12 monthly

<4 migraine days/month

≥ 4 migraine days a month

Yes

Inadequate response

Not tolerated

<b>Version</b>	2.0
<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 Episodic Migraine Pathway v1.1 HMMC, May 2022 (Adapted from the Addenbrookes pathway created by Dr J Anderson)