South West London
Episodic and Chronic Migraine Drug Pathways

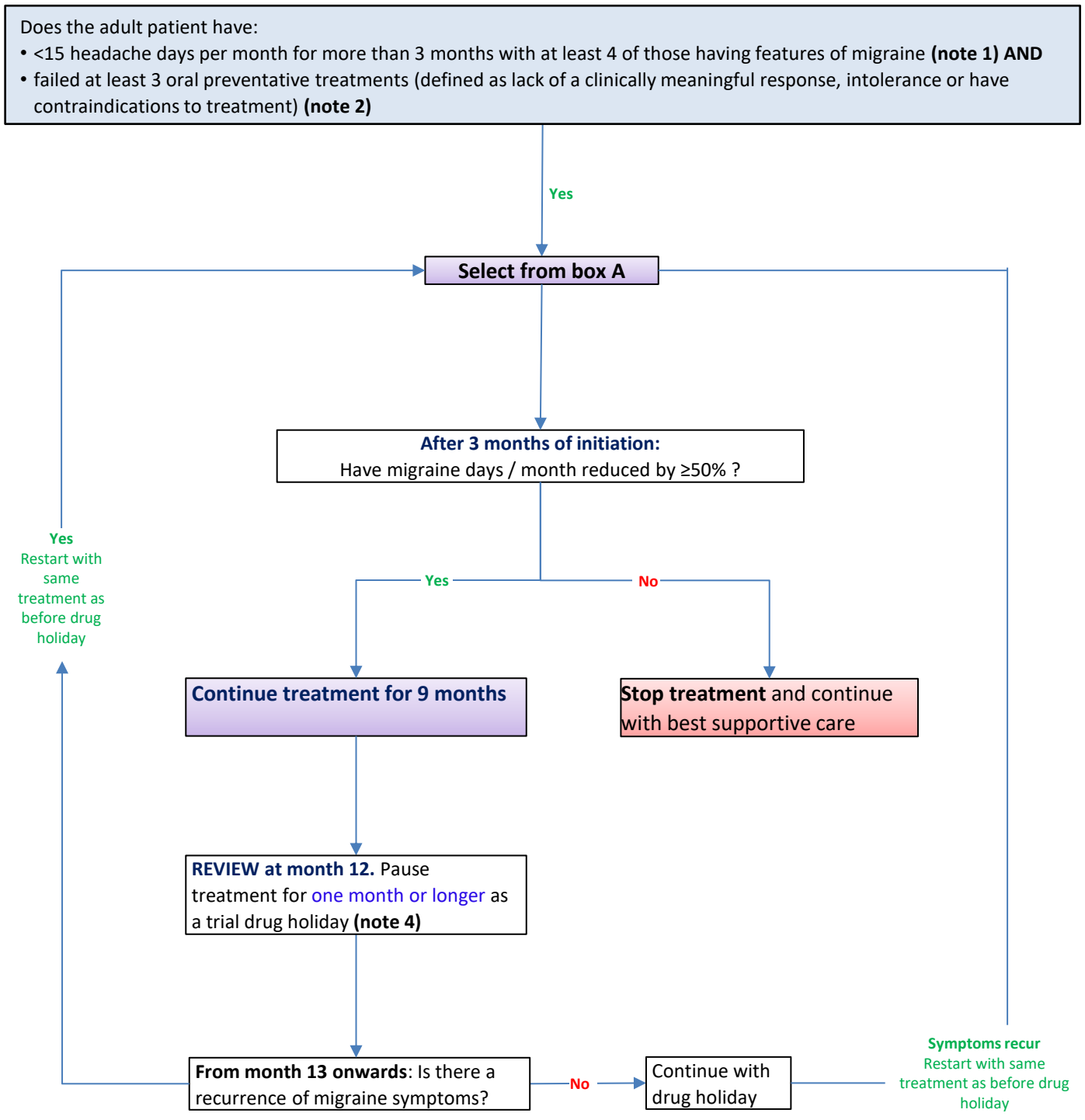
Version 5.1

Contents:

Approved by: SWL Integrated Medicines Optimisation Committee
Date: 21st August 2024

SWL Drug Pathway – EPISODIC Migraine: High Cost Drug Pathway

Version 5.1 (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 will be chosen (taking into account administration costs, dosage and price per dose).

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

Box A: All listed drugs are available (note 3)	
Erenumab SC (140mg) monthly (TA682)	**£**
Atogepant PO daily (TA973) Rimegepant PO every other day (TA906) Galcanezumab 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.[1]

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.

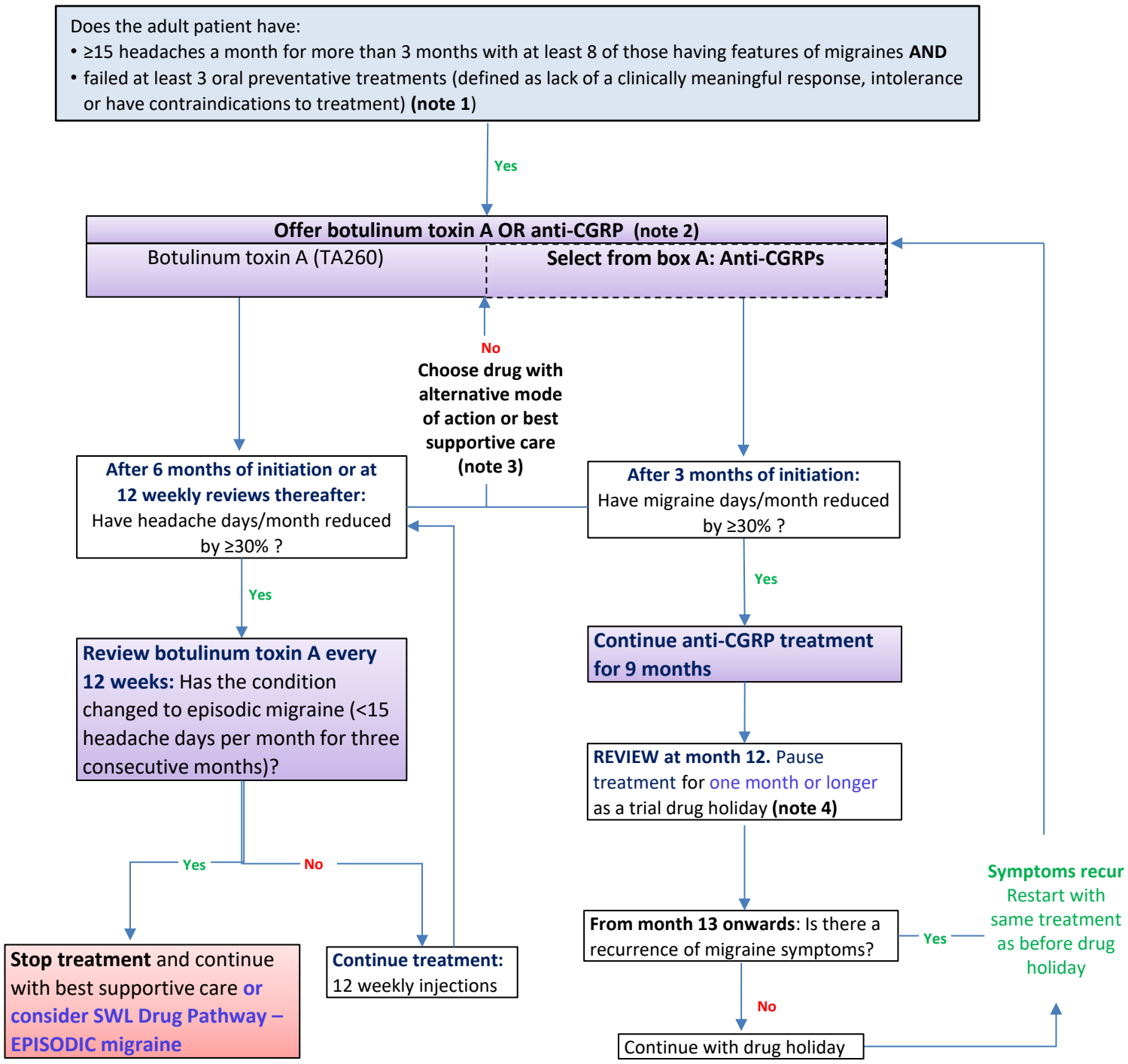
Note 3: Consider alternative anti-CGRP or best supportive care if treatment is stopped due to adverse event or new contraindication **AND**:

- patient was responding to the drug **OR**
- response was not yet assessed i.e. within 3 months of initiating treatment

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 reinstituted, a set period should be agreed before another treatment pause is undertaken.[1]

SWL Drug Pathway - CHRONIC Migraine: High Cost Drug Pathway

Version 5.1 (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 will be chosen (taking into account administration costs, dosage and price per dose).
Drugs are listed in order of cost (including relevant administration costs using list price or nationally / locally agreed contract prices).

Box A: All listed drugs are available (note 2, 3)	
Erenumab SC (140mg) monthly (TA682)	**£**
Atogepant PO daily (TA973) 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 treatment is stopped due to adverse event or new contraindication **AND**:
- patient was responding to the drug **OR**
- response was not yet assessed i.e. within 6 months (botulinum toxin A) or 3 months (anti-CGRP) of initiating treatment.

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 reinstituted, a set period should be agreed before another treatment pause is undertaken.[1]

Appendix 1: Washout period for botulinum toxin A

Month 1

Inform patient that this will be their final injection with botulinum toxin A before anti-CGRP treatment is started

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Month 3

Start "washout period"

Ask patient to record headache days and migraine days in their headache dairy

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Month 4 (after 1 month of "washout period")

Initiate patient on anti-CGRP (as per CHRONIC Migraine pathway)

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 5.1 (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
16. NICE TA973: https://www.nice.org.uk/guidance/ta973/chapter/1-Recommendations

SWL Drug Pathway – EPISODIC and CHRONIC Migraines - Version Control

Version 5.1 (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 3rd 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
5.0	Add Atogepant (TA973) to Episodic and Chronic Migraine Drug Pathway Correct dose for rimegepant (every other day instead of daily) Minor update to explanation for order of drugs listed in box A for both pathways	SWL IMOC	17/07/2024
5.1	Updated note 3 (episodic migraine) and note 2 (chronic migraine) to clarify that switch to alternative drug due to adverse effect or new contraindication is allowed if patient was responding to the drug or treatment was stopped before efficacy could be assessed (i.e. at any time point).	SWL IMOC	21/08/2024
Date of next review: 21/08/2026 (or earlier if indicated)			