

Prevention of Chronic Migraine

Does the patient have chronic migraine?
 ≥ 15 headache aches days per month
 With ≥ 8 having features of migraine
 For at least 3 months

Yes

Has the patient tried and failed at least 3 preventative drugs?
 (Or these are contraindicated)
 e.g. Beta blockers, antidepressants, anticonvulsant drugs see [BNSSG Remedy Headache page](#)

No

Consider alternative preventative treatments

Yes

Yes

Botulinum Toxin A
 NICE TA260
 155 – 195 units administered IM as 0.1ml (5 units) around head and back of the neck.
 Every 12 weeks

OR **Anti-CGRP Mab**

Erenumab
 NICE TA 682
 Targets CGRP receptor
Caution: contains latex
 140mg SC every 4 weeks

Galcanezumab
 NICE TA 659
 Targets CGRP ligand
 240mg SC loading then 120mg SC once monthly

Fremanezumab
 NICE TA 764
 Targets CGRP ligand
 225mg SC once monthly OR 675mg SC every 3 months

Eptinezumab
 NICE TA871
 Targets CGRP ligand
 100mg by IV infusion over 30 mins every 12 weeks

Complete blueteq initiation form

Complete homecare registration forms

Review after 2 treatment cycles

Review after 12 weeks

Has monthly migraine frequency been reduced by ≥ 30% ?

No

Yes

Discontinue
 Consider alternative treatment
 When choosing a 2nd line anti-CGRP Mab – consider an alternative mode of action or route of administration

Continue

Complete blueteq continuation form

Monitor at regular intervals and review after 12 months

* See below for notes on choice

* The choice of treatment should be made on an individual basis, between the patient and clinician.

If treatments are found to be equally suitable for the patient the drug with the lowest overall costs should be used.

Does the patient have episodic migraine?
< 15 headache days per month but
≥ 4 migraine days per month

Yes

Has the patient tried and failed at least 3 preventative drugs?
(Or these are contraindicated)
e.g. Beta blockers, antidepressants, anticonvulsant drugs see
[BNSSG Remedy Headache page](#)

No

Consider alternative preventative treatments

Yes

Yes

* See below for notes on choice

Rimegepant
[NICE TA906](#)
75mg orally alternate days

OR

Anti-CGRP Mab

Erenumab
[NICE TA 682](#)
Targets CGRP receptor
Caution: contains latex
140mg SC every 4 weeks

Galcanezumab
[NICE TA 659](#)
Targets CGRP ligand
240mg SC loading then 120mg SC once monthly

Fremanezumab
[NICE TA 764](#)
Targets CGRP ligand
225mg SC once monthly OR 675mg SC every 3 months

Eptinezumab
[NICE TA871](#)
Targets CGRP ligand
100mg by IV infusion over 30 mins every 12 weeks

Complete blueteq initiation form

TLS Amber specialist initiated

Complete blueteq initiation form

Complete homecare registration forms. TLS Red.

Specialist review after 12 weeks

Has monthly migraine frequency been reduced by ≥ 50% ?

No

Yes

* The choice of treatment should be made on an individual basis, between the patient and clinician.
If treatments are found to be equally suitable for the patient the drug with the lowest overall costs should be used.

Discontinue
Consider alternative treatment
When choosing a 2nd line anti-CGRP Mab – consider an alternative mode of action or route of administration

Continue

Complete blueteq continuation form

Anti-CGRP Mab – specialist team to monitor at regular intervals and review after 12 months.
Rimegepant - regular monitoring & 12 month specialist review not required.
GP to request [neurology advice and guidance](#) if frequency of migraine attacks does not remain reduced by at least 50% of baseline.