Headaches in over 12s: prophylaxis of migraine with or without aura

Initial discussion

Discuss the benefits and risks of prophylactic treatment for migraine with or without aura with the person, taking into account:

- their preferences
- comorbidities
- risk of adverse events
- the impact of the headache on their quality of life

Treatment options

After a full discussion of the benefits, risks and suitability of each option, including potential benefit in reducing migraine recurrence and severity

consider one of the following

Propranolol

Use caution when prescribing propranolol, to minimise the risk of harm from toxicity and rapid deterioration in overdose, in line with the Healthcare Safety Investigation Branch's report on the under-recognised risk of harm from propranolol

People with depression and migraine could be at an increased risk of using propranolol for self-harm

Topiramate

Should not be used for migraine prophylaxis in pregnancy, or in women able to have children, unless the conditions of the Pregnancy Prevention Programme are fulfilled

Follow MHRA advice on new safety measures for topiramate

In June 2025, this was an off-label use of topiramate in children and young people

Amitriptyline

Take into account the advice on safe prescribing of antidepressants and managing withdrawal in the NICE guideline on medicines associated with dependence or withdrawal symptoms

In June 2025, this was an off-label use of amitriptyline in children and young people

Review and revise

Review the need for continuing prophylaxis after 3 to 6 months

If the first treatment tried does not work or is not tolerated, try a second option and then the remaining option, unless unsuitable because of safety concerns

If all the above options that are suitable have been tried, move on to **further** or **alternative treatment**

Further treatment

If **at least 3 preventive medicines**:

- have **not worked**, or
- are **not tolerated**, or
- are **unsuitable due to safety concerns**

the following are recommended as options **for adults only**:

Alternative treatment

Consider the following as an option suitable for **both adults and children**

Episodic migraine

At least 4 and fewer than 15 migraine attacks per month

Rimegepant (TA906) oral tablet placed on or under the tongue

Episodic or chronic migraine

At least 4 migraine days a month

- **Atogepant** (TA973) oral tablet
- **Eptinezumab** (TA871) intravenous infusion
- **Fremanezumab** (TA764) subcutaneous injection
- **Erenumab** (TA682) subcutaneous injection (140 mg dose only)
- **Galcanezumab** (TA659) subcutaneous injection

Chronic migraine

15 or more headache days per month, with at least 8 days having features of migraine

Botulinum toxin type A (TA260) intramuscular injection

Acupuncture

- Up to 10 sessions
- Over 5 to 8 weeks

Use according to the person's preferences, comorbidities and risk of adverse events

Review

Review the need for continuing prophylaxis after 3 to 6 months

For people who are already having treatment with another form of prophylaxis and whose migraine is well controlled, continue the current treatment as required

Stop after 12 weeks if:

the frequency of migraine attacks does not reduce **by at least 50%**

Stop after 12 weeks if:

the frequency of migraines does not reduce by

- **at least 50%** (in episodic migraine)
- **at least 30%** (in chronic migraine)

Stop if:

- the frequency of headache days per month does not reduce by **at least 30%** after **2 treatment cycles**, or
- their condition has **changed to episodic migraine** for **3 consecutive months**

This diagram covers only part of the guideline content.
For full details, see CG150 headaches in over 12s: diagnosis and management.

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