

BOTULINUM TOXIN POLICY FOR HEADACHES

PRIOR APPROVAL REQUIRED

Commissioning Policy Introduction

Botulinum Toxin A is a powerful neurotoxin which is used medically to relax muscles and for certain conditions there are recognised benefits to patients. This document summarises the commissioning status of Botulinum Toxin A for specific medical conditions.

Botulinum Toxin treatment will not be available for the treatment of facial ageing or excessive wrinkles.

NICE clinical guidelines are recommendations by NICE on the appropriate treatment and care of people with specific diseases and conditions within the NHS. They are based on best available evidence. NHS organisations are entitled to take decisions which do not follow Guidance (other than NICE TAs) if they have a good reason to do so. The availability of resources and competing priorities can be a good reason.

Prophylaxis of headaches in adults with chronic migraine

NICE Recommendation:

1.1 Botulinum toxin type A is recommended as an option for the prophylaxis of headaches in adults with chronic migraine (defined as headaches on at least 15 days per month of which at least 8 days are with migraine):

- That has not responded to at least three prior pharmacological prophylaxis therapies.

AND

- Whose condition is appropriately managed for medication over-use.

1.2 Treatment with botulinum toxin type A that is recommended according to

1.1 should be stopped in people whose condition:

- Is not adequately responding to treatment (defined as less than a 30% reduction in headache days per month after two treatment cycles)

OR

- Has changed to episodic migraine (defined as fewer than 15 headache days per month) for three consecutive months.

Reference:	Policy Name	Date of WCAG	Date of QCAG	Review Date	Version
BSW-CP041	Botulinum Toxin Policy for Headaches	20/12/2016	31/01/2017	Jan 2020	3

Chronic Migraine Pathway for adults

Primary Care diagnosis of chronic migraine

- ❖ Diagnosis based on history & normal physical examination
- ❖ Ensure no medication overuse* (see notes overleaf & references for further info)
- ❖ >15 headache days/ month, of which 8 migrainous.
- ❖ Encourage patient to keep headache diary* (see notes)
- ❖ Lifestyle changes including avoidance of trigger factors

Primary care treatment of chronic migraine

Prophylactic medication (3 options must be tried before referral for Botox):

1. **Amitriptyline** 10-70mg nocte. (N.B. Not included in NICE CG150, but local neurologists recommend this option first-line) Useful if migraine co-exists with depression, disturbed sleep, chronic pain condition or troublesome tension-type headache.
2. **Propranolol LA** 80 mg od -160mg bd or atenolol 25mg od increasing to 50mg od (both unlicensed, atenolol may be better tolerated but not included in NICE CG150).
3. **Topiramate*** Licensed dose: Initially 25mg ON for 1/52 then increase by 25mg/wk; usual dose 50-100mg daily in 2 divided doses; max 200mg od. Local consultants advise to start at low doses (e.g. 15mg od) & titrate slowly (due to side effects being common) to maintenance of 50mg bd.
- 4.) **Gabapentin** up to 1200mg/day recommended by NICE, however local consultants use up to 1800mg/day (in div. doses). Start at 100mg tds, increasing by 100mg tds weekly (unlicensed).

Trial at maximum tolerated dose for 6-8 weeks. Review the need for continuing migraine prophylaxis 6 months after the start of prophylactic treatment if effective.

Acute medication: Triptans (see formulary) up to 6 days/month; NSAID up to 10 days/month.

Acupuncture is recommended by NICE and our local commissioners are working on development of a service for this group of patients

Patient referred to Consultant Neurologist.

GP refers patient with difficult to treat headache or where diagnosis is uncertain for 2nd opinion. Most patients will be referred back to GP after one consultation. The consultant will consider one of the following options with the patient.

Prophylactic medications

Consider: **Methysergide** 1mg-6mg (licensed) or **valproate** N.B. Both not rec. by NICE CG150 but are in the BASH guidelines- see references. Consider combination prophylactic therapy if individual treatments ineffective.

Greater Occipital Nerve block (GON)

If effective, may be repeated 3 monthly

Botox Injection

- . Botox 155U-195U (licensed), consider if failure to respond to at least 3 prophylactic medications and medication overuse excluded
- . If effective, repeat 12 weekly.
- . If ineffective, discontinue after 2 cycles of treatment.
- . Discontinue if reverts to episodic

Consider pain clinic referral

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