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| Intervention | **074. Botulinum toxin A for Chronic Migraine** |
| For the treatment of: | Chronic Migraine |
| Commissioning position | Trial of this intervention is commissioned and does not require prior approval if:* chronic migraine has been diagnosed by a neurologist AND
* not responded to at least three pharmacological prophylaxis therapies AND
* the person has been appropriately managed if there is concomitant medication overuse

Continuation of treatment is commissioned and does not require prior approval if:* there is at least a 30% reduction in headache days per month after two treatment cycles OR
* there has not been a change to episodic migraine (fewer then 15 headache days per month) for three consecutive months
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| Summary of Rationale | It is good practice to address medication overuse prior to commencing Botulinum toxin treatment. Patients should restrict their acute headache medication to no more than two days a week on a regular basis.A good response to treatment is typically considered to be a 30–50% reduction in the frequency of headache days or headache episodes.Botulinum toxin is not known to be effective in episodic migraine (< 15 days a month). |
| References | [TA260 Botulinum toxin type A for the prevention of headaches in adults with chronic migraine (NICE)](https://www.nice.org.uk/guidance/ta260)[NATIONAL Headache Management SYSTEM FOR Adults 2018 (BASH)](https://bash.org.uk/wp-content/uploads/2023/02/01_BASHNationalHeadache_Management_SystemforAdults_2019_guideline_versi.pdf) |
| Effective from: | January 2025 |
| Policy Review Date | January 2028 |