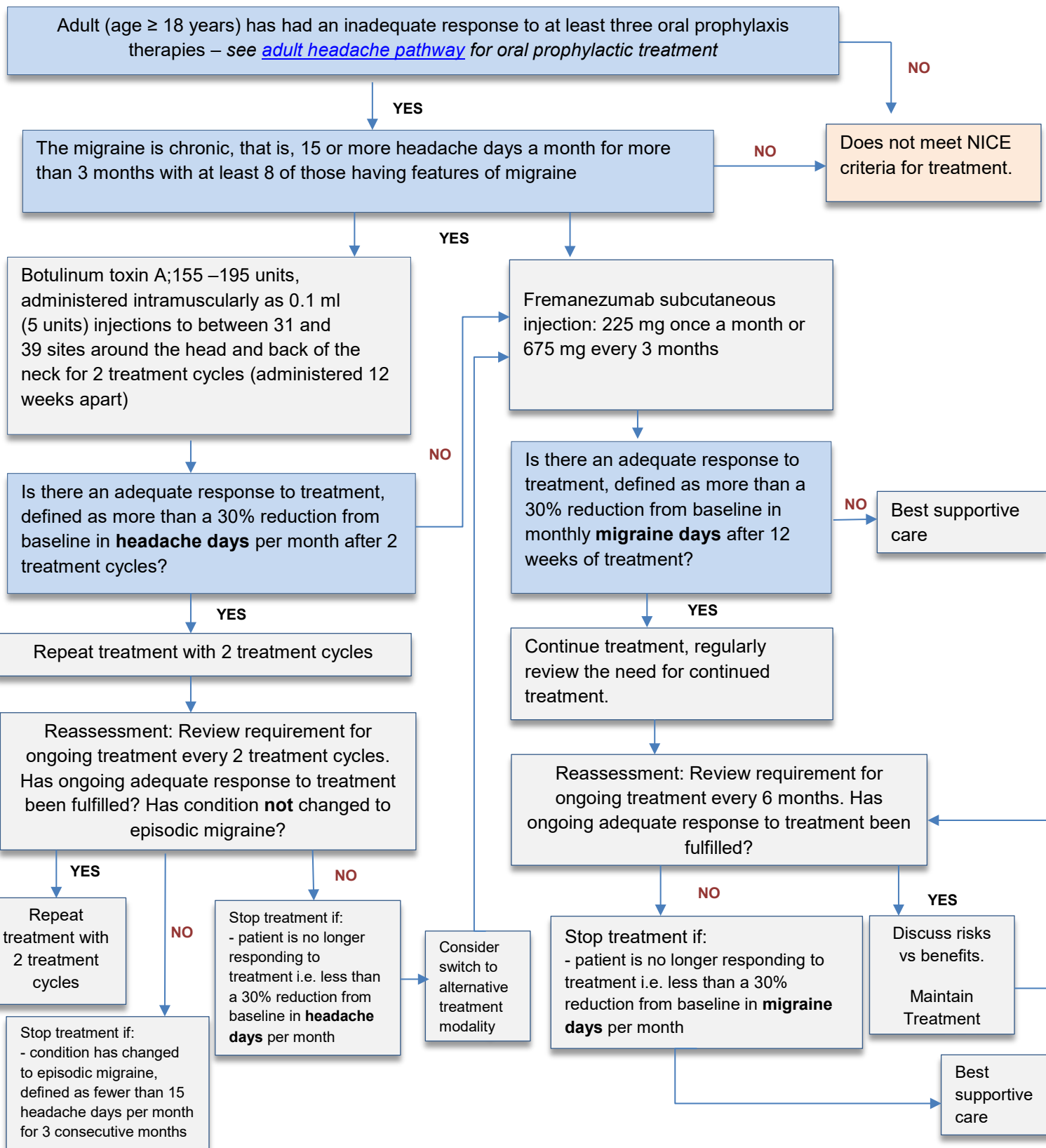




Pathway for PbR excluded drugs for preventing chronic migraine in adults (aged ≥ 18 years) based on National Institute of Health and Care Excellence (NICE) Technology appraisals ([TA260](#), [TA631](#)) and local agreement



Less expensive drug: The choice of treatment should be made on an individual basis after discussion between the patient and their clinician about the advantages and disadvantages of the treatments available. If more than 1 treatment is suitable, the least expensive should be chosen (taking into account administration costs, dosage and price per dose). Note: only sequential use of fremanezumab post botulinum toxin is routinely commissioned

Reassessment: After the start of treatment, people should have a reassessment:
 - Botulinum toxin A every 2 treatment cycles
 - Fremanezumab every 8 to 12 months

Treatment should only be continued if there is clear evidence of ongoing adequate response.

References	<ul style="list-style-type: none"> • NICE Technology appraisal guidance 260 Botulinum toxin type A for the prevention of headaches in adults with chronic migraine (Published date: 27 June 2012) https://www.nice.org.uk/guidance/ta260 • NICE Technology appraisal guidance 631 Fremanezumab for preventing migraine (Published date: 03 June 2020) https://www.nice.org.uk/guidance/ta631 • SPC Botulinum toxin type A (Botox®) – accessed October 2020 https://www.medicines.org.uk/emc/product/436/smpc • SPC Fremanezumab (AJOVY®) – accessed October 2020 https://www.medicines.org.uk/emc/product/11630/smpc
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