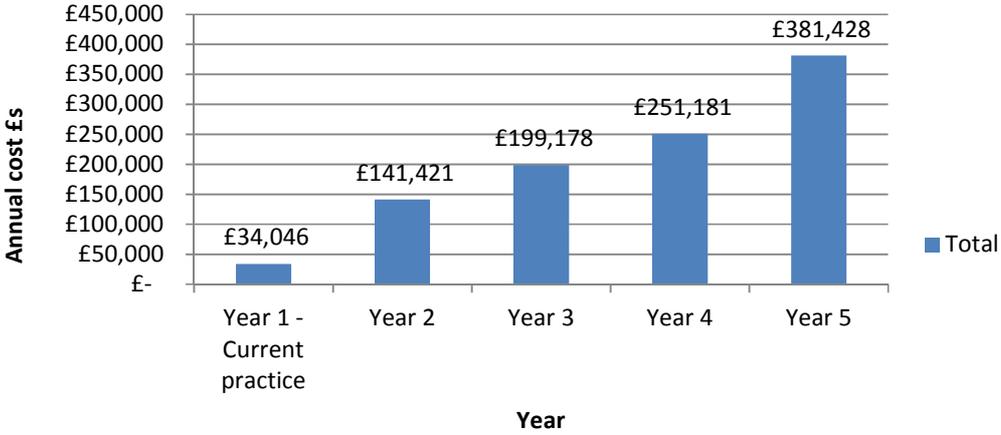


NICE TA 260: Botulinum toxin type A for the prevention of headaches in adults with chronic migraine

<p>1</p>	<p>Summary of NICE TA 260</p> <p>NICE recommends botulinum toxin type A as a possible treatment for preventing headaches in some adults with chronic migraine (see below).</p> <p>Botulinum toxin type A is suitable for patients with chronic migraine (that is, migraine sufferers who have headaches on at least 15 days each month, with migraine on at least 8 of these days) and:</p> <ul style="list-style-type: none"> • have already tried at least three different drug treatments to prevent chronic migraine headache which have not worked and • are not taking too many painkillers. <p>Botulinum toxin type A treatment should be stopped if:</p> <ul style="list-style-type: none"> • if the number of days a chronic migraine sufferer experiences headache each month hasn't reduced by at least 30% after two courses of botulinum toxin type A treatment or • if chronic migraine changes to episodic migraine (that is, fewer than 15 days with headaches each month) for 3 months in a row. <p>This drug is an appropriate use of HPSS resources for the prevention of headaches in adults with chronic migraine that have not responded to at least 3 pharmacological therapies.</p> <p>Clinical trial evidence demonstrated statistically significant benefits of this treatment compared to placebo for a number of outcomes, the absolute numerical differences were small. A large placebo effect was noted in the trial (patients were able to work out if they were getting botulinum or not because of the injection characteristics of botulinum).</p> <p>Patients in the clinical trials had fewer headache days per month (mean 19 days) than people with chronic migraine in secondary care in the UK (mean 25-26 headache days per month).</p>
<p>2</p>	<p>Number of people in Northern Ireland expected to take up service/therapy (new cases per year)</p> <p>Recent SBA and PCP work used an estimate that 20% of neurology referrals relate to headache in general. There is no specific information on migraine prevalence in NI and no reason to believe that it is different to the English prevalence. The Elective Team believes the NICE costing template is valid for NI.</p>

<p>3</p>	<p>Costs</p> <p>The diagram below is taken from the NICE costing template estimates that the current spend on this drug is £34,046 and over 5 years could increase to £381,428. The Elective care team believes current provision of botulinum for migraine is low and the current position may approach zero rather than a current investment described in the NICE costing template of approximately £35,000. Therefore the full implementation costs over five years may be up to £35,000 greater than in the service notification. Of the estimated cost of implementation in year 5, 41% is estimated to be staff costs and 59% drug costs.</p>  <table border="1" data-bbox="272 658 1273 1093"> <thead> <tr> <th>Year</th> <th>Annual cost (£)</th> </tr> </thead> <tbody> <tr> <td>Year 1 - Current practice</td> <td>£34,046</td> </tr> <tr> <td>Year 2</td> <td>£141,421</td> </tr> <tr> <td>Year 3</td> <td>£199,178</td> </tr> <tr> <td>Year 4</td> <td>£251,181</td> </tr> <tr> <td>Year 5</td> <td>£381,428</td> </tr> </tbody> </table>	Year	Annual cost (£)	Year 1 - Current practice	£34,046	Year 2	£141,421	Year 3	£199,178	Year 4	£251,181	Year 5	£381,428
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<p>3.1</p>	<p>Cost per patient per annum</p> <p>The cost of treatment (attendance cost and drug cost) for a single patient is £813 (from NICE costing template) for patients receiving 2 cycles and £2082 for patients receiving 5 cycles as per NICE guidance.</p>												
<p>3.2</p>	<p>In year cost per patient per annum (for new and prevalent cases)</p> <p>See section 3.</p>												
<p>3.3</p>	<p>Cost savings and how these will be secured</p> <p>Cost savings could result from reduced health care utilisation of £471 per patient.</p>												
<p>3.4</p>	<p>Recurrent overall cost</p> <p>As per section 3.</p>												
<p>4</p>	<p>Expected Implementation period</p> <p>The costs quoted are taken from the NICE costing template. It is likely that this service could be offered by a small number of pain clinics and neurology outpatients. However its use in N. Ireland is limited at present.</p>												

5	<p>Commissioning arrangements</p> <p>Through the Elective Care Commissioning Team</p>
6	<p>Monitoring arrangements</p> <p>This will be done through pharmacy and monitoring hospital prescribing trends for botulinum and neurology waiting times.</p>
7	<p>DHSSPS Legislative / Policy Caveats</p> <p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p>