



CLINICAL GUIDELINE

Botulinum toxin A (Botox®) use in chronic migraine

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	4
Does this version include changes to clinical advice:	Yes
Date Approved:	31 st October 2025
Date of Next Review:	31 st October 2027
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Approval Group:	Institute of Neurological Sciences Medical Clinical Governance Group
Guideline ID number:	548

Important Note:

The online version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Background:	Onabotulinum toxin A (Botox®) is the only botulinum toxin which is licensed for chronic migraine in the UK. Botox® been accepted for use by the Scottish Medicines Consortium in patients who have failed to respond to ≥3 prophylactic treatments. In NHS GGC, it is proposed that Botox® should not be considered until patients have received an adequate trial of ≥4 prophylactic treatments.
Agent and route:	<ul style="list-style-type: none"> • Intramuscular injection • Botulinum toxin products are not interchangeable therefore only onabotulinum toxin A (Botox®) should be used
Patient population applicable to:	Patients will be known to the Headache service in the Institute of Neurological Sciences
Authorised and Designated Areas applicable to:	Institute Outpatients clinic room
Indication and place in therapy:	<p>Botox® for chronic migraine will only be recommended by the Headache Team (Consultant Neurologists and General Practitioners with Specialist Interest in Headache (GPSIs) where medication overuse has been appropriately managed.</p> <p>Botox® should only be considered unless patient has received an adequate trial (i.e. at least 6 weeks at therapeutic dose) of the following 4 medicines/classes of medicine (unless contraindicated or side effects):</p> <ul style="list-style-type: none"> • Beta blockers (e.g. propranolol) • Tricyclic antidepressant drug (e.g. amitriptyline) • Candesartan • Atogepant • If the above therapies have failed due to lack of efficacy, tolerability or contra-indicated due to co-morbid condition then headache clinic clinician discretion to try Flunarazine (unlicensed and dispensed via hospital pharmacy) <p>Botox will be stopped after 2 courses if treatment has failed to reduce the number of headache days by at least 30% or if chronic migraine becomes episodic (i.e. <15 days/month with headache for 3 consecutive months). Patients must complete headache diaries and bring these to their appointment.</p>
Dose, duration and administration:	<p>155 Units to 195 Units administered intramuscularly as 0.1 ml (5 Units) injections to 31 and up to 39 sites (see below). The recommended re-treatment schedule is every 12 weeks.</p> <p>¹ IM injection site = 0.1ml = 5 units Botox ² Dose distributed bilaterally</p>
	Recommended Dose
	Total Dosage (number of sites¹)
	Corrugator ² 10 Units (2 sites)
	Procerus 5 Units (1 site)
	Frontalis ² 20 Units (4 sites)
	Temporalis ² 40 Units (8 sites) up to 50 Units (up to 10 sites)
	Occipitalis ² 30 Units (6 sites) up to 40 units (up to 8 sites)
	Cervical Para spinal Muscle Group ² 20 Units (4 sites)
	Trapezius ² 30 Units (6 sites) up to 50 Units (up to 10 sites)
	Total Dose Range 155 Units to 195 Units 31 to 39 sites

Strength of preparation used:	200 unit vial
Licensed status:	Licensed Medicine A GGC IPTR/ULM request form is required for patients treated out with this policy
Authorised prescribers:	Dr Alok Tyagi, Consultant Neurologist, NHS GGC Dr Johann Selvarajah, Consultant Neurologist, NHS GGC Dr George Gorrie, Consultant Neurologist, NHS GGC Dr Sarah Miller, Consultant Neurologist, NHS GGC Dr Michael McKenzie, GPSI Dr Azmil Abdul-Rahim, Consultant Neurologist, NHS GGC Dr Krishna Dani, Consultant Neurologist, NHS GGC Laura McCorkell, Clinical Nurse Specialist – Headache, NHS GGC Anissa Benchiheub, Clinical Nurse Specialist – Headache, NHS GGC
Authorised for administration:	Dr Alok Tyagi, Consultant Neurologist, NHS GGC Dr George Gorrie, Consultant Neurologist, NHS GGC Dr Johann Selvarajah, Consultant Neurologist, NHS GGC Dr Sarah Miller, Consultant Neurologist, NHS GGC Dr Krishna Dani, Consultant Neurologist, NHS GGC Laura McCorkell, Clinical Nurse Specialist – Headache, NHS GGC Anissa Benchiheub, Clinical Nurse Specialist – Headache, NHS GGC Marcia McAdam, Clinical Nurse Specialist – Headache, NHS GGC Carol Capaldi, Clinical Nurse Specialist – Headache, NHS GGC Louise Russell, Clinical Nurse Specialist – Headache, NHS GGC Ashleigh Storrie, Clinical Nurse Specialist – Headache, NHS GGC
Authorised for preparation in clinical area:	Yes
Authorised for storage in clinical areas:	Yes. Store in a refrigerator
References:	Scottish Medicines Consortium www.scottishmedicines.org.uk (insert link when available) Botox® Summary of Product Characteristics http://www.medicines.org.uk/emc/medicine/22562
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Checked by:	Dr Krishna Dani, Consultant Neurologist and Lead Clinician for Headache
Endorsed by:	Headache Team
Authorised by:	
Approving group:	Medical Clinical Governance Group, Institute of Neurological Sciences, QEUH
Date prepared:	October 2025
Review Date:	October 2027