

#### ALABAMA STATE BOARD OF MEDICAL EXAMINERS

# **Botox Injection for Chronic Migraine Protocol**

**Purpose/Indication:** Prevention of headaches in adults (18 years or older) with chronic migraine who have 15 or more headaches each month.

**Definition of chronic migraine**: Per the International Headache Society (IHS), chronic migraine is defined as a condition in which headaches occur on 15 or more days per month for more than 3 months, which, on at least 8 days per month, has features of migraine headache. The term "episodic migraine" is used to describe migraine headaches with a frequency of 14 or fewer days per month.

**Population Foci (CRNP):** Adult Acute Care, Adult Health, Adult/Gerontology Acute Care, Adult/Gerontology Primary Care, Family, and Gerontology.

CRNP or PA:	License #
Physician Attestation (s):	
Supervising/ collaborating physician trained in Botox injections for experience performing Botox injections for chronic migraine pursuant to FD	
The collaborating/supervising or covering physician will be physically	y available on site.
Prior to approval for performing injections, the NP/PA will receive the day course with a physician preceptor certified by the pharmaceutical compa	
NP/PA must observe 10 procedures and perform 10 procedures under the NP/PA must perform no less than 25 treatments per year to maintain a procedure)	
The collaborating/supervising or covering physician will be responsible for Botox treatment. NP/PA may only perform treatment on patients with a (i.e., headache occurs 15 or more days per month for three months).	
Prior to each treatment, the NP/PA will evaluate for contraindications palpating the injection sites, and asking the patient to activate the muscl approximately 15 minutes and involves a 0.1 ml injection into 31 standardize dosage and injection sites are the same for all patients receiving the treatment	e at the injection sites. The treatment is ed sites on the patient's head and neck. The
Prior to providing the treatment, the NP/PA must discuss with the cothe patient is receiving one of the enumerated drugs that potentially interface whether the patient has pre-existing neuromuscular disorders. In addition, the if the injection site is infected or if the patient has a hypersensitivity to Boton	feres with neuromuscular transmission or treatment by the NP/PA is contraindicated
On a quarterly basis, four patients are to be randomly chosen for disciphysician. The NP/PA and physician will immediately discuss any adverse e	cussion with the collaborating/supervising events.



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### Description of skill/procedure in detail:

- 1. Patient condition/ exam finding
  - a. Patient must have a diagnosis of Chronic Migraine, as defined on page 1, by a physician
- 2. FDA Approved Treatment Schedule
  - a. Fixed dosing of Onabotulinuntoxin A every 12 weeks
- 3. Pre-examination assessment of brow, forehead, and neck to evaluate the patient for conditions that may be affected or exacerbated by treatment. If any conditions are present, the NP/PA should inform the physician prior to continuing treatment.
  - a. Visually inspect the muscle
  - b. Ask the patient to activate the muscle
  - c. Palpate the muscle
- 4. Onabotulinuntoxin A injection sites and order of injections using 0.1 mL (5 units) of Onabotulinuntoxin A per site. The procedure takes approximately 15 minutes to administer 31 injections in 7 head and neck muscle areas.
  - a. Corrugator
    - i. 10 units divided in 2 sites
  - b. Procerus
    - i. 5 units in 1 site
  - c. Frontalis
    - i. 20 units divided in 4 sites
  - d. Temporalis
    - i. 40 units divided in 8 sites
  - e. Occipitalis
    - i. 30 units divided in 6 sites
  - f. Cervical paraspinals
    - i. 20 units divided in 4 sites
  - g. Trapezius
    - i. 30 units divided in 6 sites
  - 5. Expected results
    - a. A decrease in the frequency from baseline of headache days
  - 6. After care
    - a. Report any adverse reactions to provider
  - 7. Follow up
    - a. Fixed dose schedule every 12 weeks

No deviation from FDA approved protocol including dosage, location, and number of injections is allowed.

Physician Signature:	License #
Physician Name (Print):	Date: