

BASH Position Statement



The Importance of a National Formulary for England in Headache Prescribing: Inclusion of Triptans and Gepants

The British Association for the Study of Headache (BASH) fully support the development of a National Formulary for England. This is an essential step toward ensuring consistency and equity in prescribing practices and strengthens patient access to appropriate treatments regardless of where they live.

As part of this initiative, BASH recommends that all seven Triptans and both oral Gepants, targeted abortive and preventive treatments that block calcitonin gene-related peptide (CGRP), be made available for initiation and prescribing within Primary Care for all eligible patients with migraine.

Rationale

Abortive treatments

For patients with migraine the response to Triptans is idiosyncratic with respect to efficacy and tolerability. Matching the right Triptan and formulation to an individual patient's needs may involve trial and error. In accordance with NICE guidance, Gepant acute therapies should be considered only after the failure of at least two triptans, or when triptans are contraindicated or not tolerated, and when first-line analgesics, including NSAIDs and Paracetamol, have provided insufficient efficacy.

Preventive treatments

Gepants represent an important advance in migraine prevention. Evidence demonstrates that these treatments are effective, well tolerated, associated with low rates of adverse effects and low rates of discontinuation. They do not require dose titration and do not necessitate routine monitoring, making them particularly suitable for use in Primary Care settings. NICE guidance does not restrict the prescribing of Gepants to secondary care, supporting their wider accessibility across the healthcare system.

The BASH guideline helps with decision making.

References

- NICE Technology Appraisal 906, 919, 973, BASH Guideline