

Botulinum Toxins



Included Products: Botox (onobotulinumtoxinA), Dysport (abobotulinumtoxinA), Xeomin (incobotulinumtoxinA), Myobloc (rimabotulinumtoxinB), Daxxify (daxibotulinumtoxinA)

Nonformulary for outpatient benefit. PA required on medical benefit.

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Abnormal Involuntary Movements			
Initial Criteria		If yes	If no
1.	Is the request made by or supervised by a neurologist, ophthalmologist, physiatrist, or other appropriate specialist?	Continue to #2.	Do not approve.
2.	Does the member have functional impairment from dystonia related to one of the following diagnoses: <ul style="list-style-type: none"> a. Torsion dystonia b. Spasmodic torticollis in a member at least 16 years old (cervical dystonia) c. Blepharospasm in a member at least 12 years old d. Congenital sternocleidomastoid torticollis 	Continue to #9.	Continue to #3.
3.	Does the member have limb spasticity associated with cerebral palsy?	Continue to #4.	Continue to #5.
4.	Is abnormal muscle tone causing functional impairment or expected to result in joint contracture?	Continue to #9.	Do not approve.
5.	Does the member have functional impairment related to chronic limb spasticity from one of the following diagnoses? <ul style="list-style-type: none"> a. Hereditary spastic paraplegia b. Spastic hemiplegia due to stroke c. Traumatic brain or spinal cord injury with resultant paraplegia, hemiplegia, or quadraplegia d. Multiple sclerosis e. Neuromyelitis optica f. Other demyelinating diseases of the central nervous system 	Continue to #6.	Do not approve.

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6.	Is abnormal muscle tone causing functional impairment or expected to result in joint contracture?	Continue to #7.	Do not approve.
7.	Has the member tried and failed or have contraindications to conventional non-pharmacologic treatment including physical therapy, splinting, bracing, or biofeedback which has been ineffective or cannot be maximized secondary to significant contracture?	Continue to #8.	Do not approve.
8.	Has the member tried and failed two oral pharmacologic agents, such as baclofen, dantrolene, tizanidine, and benzodiazepines?	Continue to #9.	Do not approve.
9.	Approve for 12 months.		
Renewal Criteria		If yes	If no
1.	Has the member met treatment goals on the current dose, including but not limited to the following? a. Decrease in severity of abnormal movements or contractures such as head positioning, improved range of motion, or decreased spasticity b. Decrease in pain c. Decrease in disability, such as enhanced motor ability and functional skills, improved execution of tasks, or improvement in activities of daily living	Continue to #4.	Continue to #2.
2.	Has the provider requested dose optimization or toxin change?	Continue to #3.	Do not approve.
3.	Approve for 6 months.		
4.	Approve for 12 months.		

Chronic Migraine

Initial Criteria		If yes	If no
1.	Is the treatment is administered in consultation with a neurologist or headache specialist?	Continue to #2.	Do not approve.
2.	Is the member at least 18 years old?	Continue to #3.	Do not approve.

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3.	Does the member have a diagnosis of chronic migraine, defined as headaches on at least 15 days per month of which at least 8 days are with migraine?	Continue to #4.	Do not approve.
4.	Has the condition has been appropriately managed for medication overuse?	Continue to #5.	Do not approve.
5.	Has the member failed a 3 month trial at maximum tolerated doses of at least 3 of the following 4 classes? a. Beta-blockers: propranolol (240 mg daily), metoprolol (200 mg daily), or timolol. b. Anticonvulsants: topiramate (100 mg to 200 mg/day), divalproex (500 mg to 1,500 mg), or valproate (500 mg to 1,500 mg) c. Anti-depressants: amitriptyline (50 mg QHS) or venlafaxine (75 mg to 150 mg) d. ACEi/ARB: candesartan (16 mg) or lisinopril (20 mg)	Continue to #6.	Do not approve.
6.	Approve for 2 treatments in 6 months.		
Renewal Criteria		If yes	If no
1.	Is there a documented positive response to therapy, defined as a reduction of at least 7 headache days per month compared to baseline headache frequency?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		

Urinary Incontinence/Overactive Bladder

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of idiopathic detrusor over-activity (overactive bladder) or neurogenic detrusor over-activity (neurogenic bladder)?	Continue to #2.	Do not approve.
2.	Has the member failed at least two anticholinergic medications, such as oxybutynin or tolterodine?	Continue to #3.	Do not approve.
3.	Approve one treatment in 3 months.		

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Renewal Criteria		If yes	If no
1.	Is there a documented positive response to therapy, defined as a reduction of urinary frequency of 8 episodes per day or urinary incontinence of 2 episodes per day compared to baseline frequency?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		

Strabismus

Initial Criteria		If yes	If no
1.	Is the request made by or supervised by an ophthalmologist or neurologist?	Continue to #2.	Do not approve.
2.	Does the member have functional impairment related to strabismus due to other neurologic disorders? (H50.89 only)	Continue to #3.	Do not approve.
3.	Approve for one treatment in 3 months.		

Achalasia

Initial Criteria		If yes	If no
1.	Is the request made by or supervised by a gastroenterologist?	Continue to #2.	Do not approve.
2.	Does the member have a diagnosis of achalasia?	Continue to #3.	Do not approve.
3.	Has the member remained symptomatic after a prior pneumatic dilation or surgical myotomy?	Continue to #4.	Do not approve.
4.	Is the member a high surgical risk for pneumatic dilation or surgical myotomy?	Continue to #6.	Continue to #5.
5.	Has the member presented with atypical achalasia symptoms and botulinum toxin is needed to help guide therapy or confirm diagnosis?	Continue to #6.	Do not approve.

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6.	Approve for one treatment in 3 months.		
Renewal Criteria		If yes	If no
1.	Has there been a response to botulinum toxin, such as reduction in symptoms of dysphagia or reflux?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		

REFERENCES

- Practice guideline update summary: botulinum neurotoxin for the treatment of blepharospasm, cervical dystonia, adult spasticity, and headache: report of the guideline development subcommittee of the American Academy of Neurology. *Neurology*. 2016;86:1818-1826.
- Practice Parameter: Pharmacologic treatment of spasticity in children and adolescents with cerebral palsy (an evidence-based review). *Neurology* 2010;74:336–343.
- Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults. *Neurology* 2012;78:1337-1345.
- Diagnosis and treatment of overactive bladder (non-neurogenic) in adults: AUA/SUFU GUIDELINE, 2014.
- Optometric Clinical Practice Guideline: Care of the Patient with Strabismus: Esotropia and Exotropia.
- ACG Clinical Guideline: Diagnosis and Management of Achalasia.