Clinical Policy Title:	onabotulinumtoxinA
Policy Number:	RxA.591
Drug(s) Applied:	Botox®
Original Policy Date:	03/06/2020
Last Review Date:	10/19/2023
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Cervical Dystonia (CD) (must meet all):

1. Diagnosis of CD;
2. Prescribed by, or in consultation with, a neurologist, orthopedist, board certified pain specialist, physiatrist or a physical medicine and rehabilitation specialist;
3. Age ≥ 16 years;
4. Member is experiencing involuntary contractions of the neck and shoulder muscles which results in the following (must meet a and b):
   a. Abnormal postures or movements of the neck, shoulder or head;
   b. Causing pain and functional impairment.

Approval duration
Medicaid: 12 months
Commercial: 12 months

B. Blepharospasm associated with dystonia (must meet all)**:**

1. Diagnosis of blepharospasm (i.e., abnormal contraction of eyelid muscles);
2. Prescribed by or in consultation with a neurologist or ophthalmologist;
3. Age ≥ 12 years;
4. Member has significant disability in daily functional activities due to interference with vision;

Approval duration
Medicaid: 12 months
Commercial: 12 months

C. Upper and Lower Limb Spasticity (must meet all)**:**

1. Diagnosis of upper or lower limb spasticity (associated with paralysis, multiple sclerosis, stroke, cerebral palsy);
2. Prescribed by, or in consultation with, a neurologist, orthopedist, board certified pain specialist, physiatrist or a physical medicine and rehabilitation specialist ;
3. Age ≥ 2 years;

Approval duration
Medicaid: 12 months

Commercial: 12 months

D. Chronic Migraine (must meet all)**:**

1. Diagnosis of chronic migraine defined as more than 15 headache days per month for ≥ 3 months;
2. Prescribed by or in consultation with a neurologist, headache specialist or pain specialist;
3. Trial of at least 2 months of two (2) of the following preventative therapies, unless contraindicated or adverse effects are experienced:
   a. antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate);
   b. beta-blockers (e.g., metoprolol, propranolol, timolol);
   c. antidepressants (e.g., amitriptyline, venlafaxine);
4. For members currently treated with a CGRP for chronic migraine (must meet a and b)*:
   a. Member has tried a minimum of 3 months of treatment for CGRP dosed monthly or at least 6 months after the start of quarterly treatments;
   b. Member has experienced and maintained a positive response.

CGRP monotherapy initial approval duration
Commercial: 12 months
Medicaid: 12 months

***CGRP and Botox dual therapy initial approval duration**
Commercial: 3 months
Medicaid: 3 months

E. Primary Axillary Hyperhidrosis* (must meet all)**:**

1. Diagnosis of severe primary axillary hyperhidrosis;
2. Prescribed by or in consultation with a neurologist or dermatologist;
3. Age ≥ 18 years;
4. Trial of a 6-month trial of topical aluminium chloride, unless contraindicated or adverse effects are experienced;

Approval duration
Medicaid: 12 months
Commercial: 12 months

F. Overactive Bladder (OAB) and Neurogenic detrusor overactivity (must meet all)**:**

1. Diagnosis of the following (must meet a or b):
   a. Overactive bladder;
   b. Neurogenic bladder with a neurologic condition (e.g., stroke, spinal cord injury, Multiple Sclerosis);
2. Prescribed by or in consultation with a neurologist or urologist;
3. Age ≥ 5 years;
4. Trial of at least two (2) of the following, unless contraindicated or adverse effects are experienced (must meet a or b):
   a. anticholinergic agents (oxybutynin chloride, tolterodine tartrate);
   b. beta-3 adrenergic agonists (Myrbetriq);

Approval duration
Medicaid: 12 months
Commercial: 12 months

G. Strabismus (eye misalignment) (must meet all)**:**
1. Member meets one of the following diagnosis (must meet a, b or c):
   a. Vertical strabismus (superior and inferior rectus muscles, superior and inferior oblique muscles);
   b. Horizontal strabismus (medical and lateral rectus muscles) of up to 50 prism diopters;
   c. Persistent sixth (VI) cranial nerve (abducens nerve) palsy of greater than or equal to one month involving the lateral rectus muscle;
2. Prescribed by or in consultation with a neurologist or ophthalmologist;
3. Age ≥ 12 years;

Approval duration
Medicaid: 12 months
Commercial: 12 months

II. Continued Therapy Approval

A. Chronic Migraine (must meet all):
1. Member is currently receiving medication;
2. Member has experienced and maintained positive response to therapy;
3. For members who are treated with a CGRP AND Botox for migraine prophylaxis, member has achieved > 50% reduction in the frequency of days with headache or migraine;

Approval duration
Medicaid: 12 months
Commercial: 12 months

B. All Other Indications in Section I (must meet all):
1. Member is currently receiving medication;
2. Member has experienced and maintained positive response to therapy;

Approval duration
Medicaid: 12 months
Commercial: 12 months

References

1. Simpson DM, Hallett M, Ashman EJ et al. 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(19): 1818-1826 Available at: https://pubmed.ncbi.nlm.nih.gov/27164716/. Accessed July 12, 2023.
2. Delnooz CC, van de Warrenburg BP. Current and future medical treatment in primary dystonia. Ther Adv Neurol Disord. 2012; 5(4): 221-240. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3388529/. Accessed July 12, 2023.
3. Hallet M, Benecke R, Blitzer A, Comella CL. Treatment of focal dystonias with botulinum neurotoxin. Toxicon. 2009; 54(5): 628-633. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4782588/. Accessed July 12, 2023.
4. National Institute for Health and Care Excellence. Evidence-based recommendations on botulinum toxin type A for the prevention of headaches in adults with chronic migraine. Technology appraisal guidance [TA260]; June 2012. Available at: https://www.nice.org.uk/guidance/ta260. Accessed July 12, 2023.

Primary Axillary Hyperhidrosis, Overactive Bladder, Urinary Incontinence

5. Naumann M, So Y, Argoff, CE, et al. Assessment: Botulinum neurotoxin in the treatment of autonomic disorders and pain (an evidence-based review) Report of the Therapeutics and Technology Assessment Subcommittee of the

American Academy of Neurology. Neurology. 2008; 70: 1707-1714. Available at: https://pubmed.ncbi.nlm.nih.gov/18458231/. Accessed July 12, 2023.

Esophageal Achalasia

6. Vaezi MF, Pandolfino JE, Vela MF. ACG (American College of Gastroenterology) clinical guideline: Diagnosis and management of achalasia. Am J Gastroenterol. 2013; 108(8): 12381259. Available at: https://pubmed.ncbi.nlm.nih.gov/23877351/. Accessed July 12, 2023.

Hirschsprung's Disease, Internal Anal Sphincter Achalasia

7. Koivusalo AI, Pakarinen MP, Rintala RJ. Botox® injection treatment for anal outlet obstruction in patients with internal anal sphincter achalasia and Hirschsprung's disease. Pediatr Surg Int. 2009; 25: 873-876. Available at: https://pubmed.ncbi.nlm.nih.gov/19662428/. Accessed July 12, 2023.

Chronic Anal Fissures

8. Nelson RL, Thomas K, Morgan J, Jones A. Non-surgical therapy for anal fissure. Cochrane Database of Sys Rev. February 15 2012; (2): CD003431. doi: 10.1002/14651858.CD003431.pub3. Available at: https://pubmed.ncbi.nlm.nih.gov/22336789/. Accessed July 12, 2023.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	02/2020	03/06/2020
Policy was reviewed: 1. Clinical Policy Title Table was updated. 2. Drug(s) Applied was updated. 3. Line of business policy applies was updated to All lines of business. 4. Continued Therapy criteria II.A.1, B.1, C.1 were rephrased to "Currently receiving medication that has been authorized by RxAdvance..." 5. Initial Approval criteria: Commercial duration were updated from member's renewal date to 6 months and Medicaid approval duration were updated in days. 6. Continued Approval criteria: Commercial duration were updated from member's renewal date to 6 months and Medicaid approval duration were updated in days. 7. References was reviewed and updated. 8. Updated I.D to include both upper and lower limb spasticity. 9. Updated I.D.3 age criteria. 10. Added "headache specialist" to I.F.2. Added "and/or lower limb" to II.C.5.a.	12/03/2020	12/07/2020
Policy was reviewed: 1. Initial Approval Criteria added. 2. Continued Therapy Approval updated in all other indications.	04/05/2021	06/10/2021

3. Updated initial approval criteria under I.A.7, I.H.1, I.D.1, I.D.5, I.E.4, I.B.6, I.C 4. Removed initial approval criteria section for "spasticity associated with cerebral palsy" and the same criteria is already laid out under section I.D. 5. Added separate initial approval criteria for strabismus under section I.M 6. References were reviewed and updated.		
Policy was reviewed: 1. Initial Approval Criteria, I.C.3: Updated trial and failure criteria from Failure of a trial of carbidopa/levodopa or trihexyphenidyl unless contraindicated or clinically significant adverse effects are experienced to Failure of at least one of the following (a or b) from different classes, unless contraindicated or clinically significant adverse effects are experienced: a. antimuscarinics (trihexyphenidyl); b. decarboxylase inhibitors (carbidopa/levodopa); 2. Initial Approval Criteria, I.E.4: Updated trial and failure criteria from Failure of an 8-week trial of at least 2 of the following oral migraine preventative therapies, from different therapeutic classes: antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate), beta-blockers (e.g., metoprolol, propranolol, timolol), antidepressants (e.g., amitriptyline, venlafaxine), unless contraindicated or clinically significant adverse effects are experienced to Failure of an 8-week trial at least two of the following oral migraine preventative therapies unless contraindicated or clinically significant adverse effects are experienced (a, b, or c); a. antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate); b. beta-blockers (e.g., metoprolol, propranolol, timolol); c. antidepressants (e.g., amitriptyline, venlafaxine). 3. Initial Approval Criteria,I.G.4:Updated trial and failure criteria from Failure of a trial of at least two anticholinergic agents and one oral beta-3 agonist medication (e.g., oxybutynin chloride, tolterodine tartrate, mirabegron), each used for at least 30	2/1/2022	04/18/2022

days unless contraindicated or clinically significant adverse effects are experienced to Failure of at least two (2) of the following, each from a different drug class, at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced (a or b): a. anticholinergic agents (oxybutynin chloride, tolterodine tartrate) b. beta-3 adrenergic agonists (mirabegron) 4. References were reviewed and updated.		
Policy was reviewed: 1. Initial Approval Criteria, I.A.7, I.B.6, I.C.5, I.D.4, I.E.7, I.F.6, I.G.6, I.H.6, I.I.6, I.J.6, I.K.5 and I.L.5: Updated to include new requesting criteria Member meets both of the following (a and b): a. Botox is not prescribed concurrently with other botulinum toxin products; b. Botulinum toxin therapy for cosmetic or medical conditions has not been administered within the last 12 weeks; 2. Initial Approval Criteria, 1.G.3: Updated age criteria from Age ≥ 18 years of age to Age ≥ 5 years; 3. Continued Therapy Approval Criteria, II.A.7, II.B.5 and II.C.5: Updated to include new requesting criteria Member meets both of the following (a and b): a. Botox is not prescribed concurrently with other botulinum toxin products; b. Botulinum toxin therapy for cosmetic or medical conditions has not been administered within the last 12 weeks; 4. References were reviewed and updated.	03/31/2023	04/13/2023
Policy was reviewed: 1. Clinical Policy Title, Lines of Business Policy Applies to: Updated from All line of Business to All lines of business (except Medicare). 2. Initial Approval Criteria, I.A.2, I.C.2: Updated to include new prescriber in prescriber's criteria board certified pain specialist. 3. Initial Approval Criteria, I.A.4: Updated criteria pertaining to indication Cervical Dystonia (CD) from Member is experiencing involuntary contractions of the neck and shoulder muscles	07/12/2023	07/13/2023

(e.g., splenius capitis, sternocleidomastoid, levator scapulae, scalene, trapezius, semispinalis capitis) resulting in abnormal postures or movements of the neck, shoulder or head to Member is experiencing involuntary contractions of the neck and shoulder muscles which results in the following (must meet a and b): a. Abnormal postures or movements of the neck, shoulder or head; b. Causing pain and functional impairment. 4. Initial Approval Criteria, I.A.5: Updated to remove prior impairment criteria "Contractions are causing pain and functional impairment". 5. Initial Approval Criteria, I.A.6, I.B.5, I.C.4, I.D.6, I.E.5, I.F.5, I.G.4: Updated to remove prior treatment plan criteria "Provider submits treatment plan detailing the quantity (in units) of Botox® to be injected in each muscle site, anticipated frequency of injection, and total dose per visit". 6. Initial Approval Criteria, I.A.7, I.B.6, I.C.5, I.D.7, I.E.6, I.F.6, I.G.5: Updated to remove prior combination therapy criteria "Member meets both of the following (a and b): a. Botox is not prescribed concurrently with other botulinum toxin products; b. Botulinum toxin therapy for cosmetic or medical conditions has not been administered within the last 12 weeks". 7. Initial Approval Criteria, I.A, I.B, I.C, I.E, I.F, I.G : Updated Approval duration: a. For Commercial from 6 months to 12 months; b. For Medicaid from 84 days (single treatment session) to 12 months. 8. Initial Approval Criteria, I.C: Updated to remove approval criteria for other Dystonias and Essential Tremor (off-label). 9. Initial Approval Criteria, I.D.1: Updated diagnosis criteria from Diagnosis of chronic migraine (15 headache days per month or more, for at least 3 months with headache lasting 4 hours a day or longer) to Diagnosis of chronic migraine defined as more than 15 headache days per month for ≥ 3 months. 10. Initial Approval Criteria I.D.3: Updated to remove prior age criteria “Age ≥ 18 years”.		

11. Initial Approval Criteria I.D.3: Updated trial and failure criteria from Trial and failure of an 8-week trial at least two (2) of the following oral migraine preventative therapies unless contraindicated or clinically significant adverse effects are experienced (a, b, or c): a. antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate); b. beta-blockers (e.g., metoprolol, propranolol, timolol); c. antidepressants (e.g., amitriptyline, venlafaxine); to Trial of at least 2 months of two (2) of the following preventative therapies, unless contraindicated or adverse effects are experienced: a. antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate); b. beta- blockers (e.g., metoprolol, propranolol, timolol); c. antidepressants (e.g., amitriptyline, venlafaxine); 12. Initial Approval Criteria I.D.4: Updated to include criteria for CGRP treated members For members currently treated with a CGRP for chronic migraine (must meet a and b)*: a. Member has tried a minimum of 3 months of treatment for CGRP dosed monthly or at least 6 months after the start of quarterly treatments; b. Member has experienced and maintained a positive response". 13. Initial Approval Criteria I.D.5: Updated to remove prior concurrent therapy criteria "Botox® is not prescribed concurrently with injectable CGRP inhibitors (e.g., Aimovig®, Ajovy®, Emgality®)". 14. Initial Approval Criteria, I.D: Updated approval Duration for Medicaid and commercial: a. updated to remove "Medicaid: 84 days (single treatment session) Commercial: 6 months". b. and updated to include i. CGRP monotherapy initial approval duration Commercial: 12 months Medicaid: 12 months		

ii. *CGRP and Botox dual therapy initial approval duration Commercial: 3 months Medicaid: 3 months 15. Initial Approval Criteria, I.E: Updated diagnosis criteria from Diagnosis of chronic migraine (15 headache days per month or more, for at least 3 months with headache lasting 4 hours a day or longer) to Diagnosis of severe primary axillary hyperhidrosis. 16. Initial Approval Criteria, I.F: Updated diagnosis criteria from Overactive Bladder and Urinary Incontinence to Overactive Bladder (OAB) and Neurogenic detrusor overactivity. 17. Initial Approval Criteria, I.F.1: Updated diagnosis criteria from diagnosis (a or b): a. Overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, in adults; b. Urinary incontinence associated with a neurologic condition (e.g., spinal cord injury, MS) to Diagnosis of the following (must meet a or b): a. Overactive bladder; b. Neurogenic bladder with a neurologic condition (e.g., stroke, spinal cord injury, Multiple Sclerosis). 18. Initial Approval Criteria, I.H: Updated to remove approval criteria for Esophageal Achalasia (off-label). 19. Initial Approval Criteria, I.I: Updated to remove approval criteria for Hirschsprung's Disease and Internal Anal Sphincter Achalasia (off-label). 20. Initial Approval Criteria, I.J: Updated to remove approval criteria for Chronic Anal Fissure (off-label). 21. Initial Approval Criteria, I.K: Updated to remove approval criteria for Neurogenic detrusor overactivity. 22. Initial Approval Criteria, I.G.1.b: Updated diagnosis criteria: a. updated to remove I.G.b.i and I.G.b.ii " i. Horizontal strabismus of less than 20 prism diopters; ii. Horizontal strabismus of 20 to 50 prism diopters;"		

b. and updated to include "of up to 50 prism diopters". 23. Continued Therapy Approval Criteria, II.A and II.B: Updated to remove approval criteria for indication Chronic Migraine and All Other Indications in Section I respectively. 24. Continued Therapy Approval Criteria, II.A and II.B: Updated to include approval criteria for indication chronic Migraine and All Other Indications in Section I respectively. 25. Continued Therapy Approval Criteria, II.B: Updated to remove approval criteria for Esophageal Achalasia (off-label). 26. Continued Therapy Approval Criteria, II.A and II.B: Updated Approval duration: a. For Medicaid from 84 days (single treatment session) to 12 months; b. For Commercial from 6 months to 12 months. 27. Continued Therapy Approval Criteria, II.B: Updated to remove approval criteria for All Other Indications in Section I. 28. Continued Therapy Approval Criteria, II.B: Updated to include approval criteria for All Other Indications in Section I. 29. References were reviewed and updated.		
Policy was reviewed.	10/19/2023	10/19/2023