Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	X

Botulinum Toxin

Override(s)	Approval Duration
Prior Authorization	Chronic migraine headaches Initial approval: 6 months Renewal approval: 1 year All other indications: 1 year

******Washington Medicaid – See State Specific Mandate below for diagnoses of migraine headache and tension-type headache***

Medications	Dosing Limit
Botox (onabotulinumtoxinA)	See table below
Dysport (abobotulinumtoxinA)	
Myobloc (rimabotulinumtoxinB)	
Xeomin (incobotulinumtoxinA)	

Drug	Limit Per Indication	Maximum amount allowed for indication*
Botox (onabotulinumtoxinA) 100 unit, 200 unit vial **NOTE:** follow indication-specific dosage and administration recommendations; in a 3 month interval do not exceed a total dose of: • Adults: 400 units • Pediatrics: the lesser of 10 units/kg or 340 units	**Idiopathic Overactive Bladder:** 100 units as frequently as every 12 weeks **Neurogenic Overactive Bladder:** 200 units as frequently as every 12 weeks **Chronic Migraine:** 155 units as frequently as every 12 weeks **Cervical Dystonia:** 400 units§ as frequently as every 12 weeks **Axillary hyperhidrosis**: 50 units per axilla as frequently as every 12 weeks **Blepharospasm**: 200 units as frequently as every 12 weeks **Dystonia-associated strabismus:** 25 units per muscle; as frequently as every 12 weeks	100 units 200 units 200 units 400 units 100 units 200 units 100 units

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability							
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Applicable	X	X	X	X	X	X	X

	Upper limb spasticity in adults: Dose selected based on muscles affected, severity of muscle activity, prior response to treatment and adverse event history (maximum dose 400 units) as frequently as every 12 weeks	400 units
	Lower limb spasticity in adults: 300 units to 400 units divided across ankle and toe muscles as frequently as every 12 weeks	400 units
	Upper limb spasticity in pediatric patients: 3 Units/kg to 6 Units/kg (maximum 200 Units) as frequently as every 12 weeks	200 units
	Lower limb spasticity in pediatric patients (excluding cerebral palsy): 4 units/kg to 8 units/kg (maximum 300 units) as frequently as every 12 weeks	300 units
	Achalasia: 100 units as frequently as every 12 weeks (DP)	100 units
	Hemifacial spasm: 25 units as frequently as every 12 weeks (DP)	100 units
	Spasmodic Dysphonia: 25 units as frequently as every 12 weeks (DP)	100 units
	Other indications: Up to 400 units as frequently as every 12 weeks	400 units
Dysport (abobotulinumtoxinA) 300 unit, 500 unit vial	**Blepharospasm:** 120 units per eye as frequently as every 12 weeks (DP)	300 units
	Hemifacial spasm: 220 units as frequently as every 12 weeks (DP)	300 units

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Market Applicability							
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Applicable	X	X	X	X	X	X	X

	Upper and lower limb spasticity in adults: 1500 units (cumulative for all treated muscles) as frequently as every 12 weeks **Cervical Dystonia:** 1000 units as frequently as every 12 weeks **Upper limb spasticity in pediatric patients:** 8 units/kg to 16 units/kg per limb; maximum per treatment session 16 units/kg or 640 units, whichever is lower **Lower limb spasticity in pediatric patients:** 10 units/kg to 15 units/kg; total dose must not exceed 15 units/kg for unilateral lower limb or 30 units/kg for bilateral injections or 1000 units, whichever is lower **Other indications:** Up to 1500 units as frequently as every 12 weeks	1500 units 1000 units 800 units 1000 units 1500 units
Myobloc (rimabotulinumtoxinB) 2500 unit, 5000 unit, 10000 unit vial	**Cervical dystonia:** 2,500 – 5,000 units divided among effected muscles **Chronic sialorrhea in adults:** 1,500 – 3.500 units (500 units – 1,500 units per parotid gland and 250 units per submandibular gland) as frequently as every 12 weeks **All Indications:** 10,000 units as frequently as every 12 weeks	5000 units 5000 units 10,000 units
Xeomin (incobotulinumtoxinA) 200 unit, 100 unit, 50 unit vial	**Cervical dystonia:** Initial dose of 120 units as frequently as every 12 weeks; subsequent doses should be based on past dose, response to treatment, duration of effect and adverse	400 units

Market Applicability							
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Applicable	X	X	X	X	X	X	X

	event history; up to 400 units as frequently as every 12 weeks **Chronic sialorrhea:** 100 units as frequently as every 16 weeks **Blepharospasm:** Initial dose 50 units (25 units per eye) as frequently as every 12 weeks; subsequent doses based on past dose, response to treatment, duration of effect and adverse event history; dose should not exceed 100 units per treatment session (50 units per eye) **Upper limb spasticity:** 400 units as frequently as every 12 weeks **Other indications:** Up to 400 units as frequently as every 12 weeks	100 units 100 units 400 units 400 units

*Based on maximum dose for condition and vial size available
DP = DrugPoints off label use/dosing
§ Dosing in initial and sequential treatment sessions should be tailored to the individual patient based on the patient's head and neck position, localization of pain, muscle hypertrophy, patient response, and adverse event history; mean dose in clinical study was 236 units (25th to 75th percentile range of 198 units to 300 units)

APPROVAL CRITERIA

Requests for botulinum toxin may be approved if the following criteria are met:

I. Individual has one of the following diagnoses:
   A. Disorders listed below if associated with spasticity or dystonia:
      1. Blepharospasm; **OR**
      2. Cerebral palsy; **OR**
      3. Facial nerve (VII) dystonia; **OR**
      4. Hemifacial Spasm; **OR**
      5. Hereditary spastic paraparesis; **OR**
      6. Idiopathic torsion dystonia; **OR**
      7. Lower limb spasticity; **OR**
      8. Multiple sclerosis; **OR**
      9. Neuromyelitis optica; **OR**

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Applicable	X	X	X	X	X	X	X

10. Organic writer's cramp; **OR**
11. Orofacial/oromandibulardystonias, including jaw closure dystonia and Meige's syndrome; **OR**
12. Schilder's disease; **OR**
13. Spasmodic dysphonia or laryngeal dystonia (a disorder of speech due to abnormal control of the laryngeal muscles present only during the specific task of speaking); **OR**
14. Spastic hemiplegia; **OR**
15. Spasticity related to stroke, spinal cord injury, or traumatic brain injury; **OR**
16. Dystonia-associated strabismus; **OR**
17. Symptomatic torsion dystonia; **OR**
18. Other forms of upper motor neuron spasticity; **OR**
19. Upper limb spasticity; **OR**

B. Achalasia; **OR**
C. Anal fissures; **OR**
D. Significant drooling in individuals who are unable to tolerate scopolamine; **OR**
E. Idiopathic overactive bladder in adults who are unresponsive to or intolerant of a trial of anticholinergic therapy; **OR**
F. Neurogenic overactive bladder (also referred to as detrusor overactivity or detrusor sphincter dyssynergia) that is inadequately controlled with anticholinergic therapy; **OR**
G. Hirschsprung disease and associated functional obstruction caused by the inability of the internal anal sphincter to relax after prior surgical treatment;

OR

II. Individual has a diagnosis of cervical dystonia (spasmodic torticollis) of moderate or greater severity; **AND**
III. Individual is requesting initial treatment; **AND**
IV. Individual has a history of recurrent clonic or tonic involuntary contractions of one or more of the following muscles: sternocleidomastoid, splenius, trapezius and/or posterior cervical muscles; **AND**
V. Abnormal posturing, with limited range of motion in the neck, or sustained head tilt; **AND**
VI. The duration of the condition is greater than 6 months;

OR

VII. Individual has a diagnosis of cervical dystonia (spasmodic torticollis) of moderate or greater severity; **AND**
VIII. Individual is requesting subsequent injections; **AND**
IX. Response initial treatment documented in the medical records;

OR

X. Individual has a diagnosis of chronic migraine headaches; **AND**

Market Applicability							
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Applicable	X	X	X	X	X	X	X

XI. Individual is requesting initial treatment; **AND**
XII. Individual has 15 (fifteen)or more headache-days per month for more than 2 months, which, on at least 8 days per month, has features of a migraine headache (ICHD-3); **AND**
XIII. Individual has had a trial of and inadequate response or intolerance to two agents for migraine prophylaxis (at least one agent in any two of the following classes) or has a contraindication to all of the following medications (AAN/AHA 2012/2015, Level A and B evidence; ICSI 2013, high quality evidence):
    A. One of the following antidepressants: amitriptyline, venlafaxine; **OR**
    B. One of the following beta blockers: Metoprolol, propranolol, timolol (oral), nadolol, atenolol, nebivolol; **OR**
    C. The following calcium channel blocker: verapamil; **OR**
    D. One of the following antiepileptic agents: valproate sodium, divalproex sodium, topiramate, gabapentin;

AND
XIV. Individual will not use concomitantly with injectable calcitonin gene-related peptide (CGRP) agents for migraine prophylaxis;

OR
XV. Individual has a diagnosis of chronic migraine headaches; **AND**
XVI. Individual is requesting continued treatment; **AND**
XVII. Individual has completed an initial 6-month trial and the following criteria are met:
    A. Individual has a reduction in the overall number of migraine days or reduction in number of severe migraine days per month; **AND**
    B. Individual has obtained clinical benefit deemed significant by individual or prescriber;

OR
XVIII. Individual has a diagnosis of primary hyperhidrosis; **AND**
XIX. Individuals has failed a 6-month trial of any one or more types of nonsurgical treatment (for example: topical dermatologics such as aluminum chloride, tannic acid, glutaraldehyde or anticholinergics, systemic anticholinergics, tranquilizers or non-steroid anti-inflammatory drugs); **AND**
XX. Individual has one of the following:
    A. Presence of medical complications or skin maceration with secondary infection; **OR**
    B. Significant functional impairment, as documented in the medical record;

OR
XXI. Individual has a diagnosis of secondary hyperhidrosis; **AND**
XXII. Condition is related to surgical complications; **AND**
    A. Presence of medical complications or skin maceration with secondary infection; **AND**

Market Applicability							
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Applicable	X	X	X	X	X	X	X

B. Significant functional impairment, as documented in the medical record.

Requests for botulinum toxin may not be approved for the following:

I. Individual is using for skin wrinkles or other cosmetic indications; **OR**
II. Individual has headache diagnosis other than chronic migraine (example, tension, episodic migraine [14 migraine days per month or less], or chronic daily headaches); **OR**
III. Individual has had a treatment failure of botulinum toxin for any condition listed above (exception would be due to product specific intolerance or allergic reaction); **OR**
IV. Individual has any diagnosis not listed as an approvable diagnosis, including, but not limited to, the following:

A. Anismus (pelvic floor dyssynergia)
B. Bechet's syndrome
C. Benign Prostatic Hypertrophy
D. Brachial Plexus Palsy
E. Carpal tunnel syndrome
F. Chronic motor tic disorder
G. Disorders of the esophagus (except as listed above)
H. Epicondylitis
I. Fibromyalgia/fibromyositis
J. Gastroparesis
K. Low back pain
L. Myofascial pain syndrome
M. Neck pain not related to conditions mentioned above
N. Nystagmus
O. Parkinson's disease
P. Post-mastectomy reconstruction syndrome
Q. Reynaud's syndrome
R. Sphincter of Oddi dysfunction
S. Stuttering
T. Tics associated with Tourette's Syndrome
U. Tinnitus
V. Tourette's Syndrome
W. Tremors
X. Urinary and anal sphincter dysfunction (except as listed above)
Y. Vaginismus
Z. Whiplash related disorders
AA. Zygomatic Fractures

Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	X

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
Washington	1/1/18	For treatment of chronic migraine (as defined by the International Headache Society defined as headaches on >= 15 days per month of which >= 8 days are with migraine), OnabotulinumtoxinA is covered when the following criteria are met: 1) Has not responded to at least three prior pharmacological prophylaxis therapies from two different classes of drugs AND 2) Condition is appropriately managed for medication overuse OnabotulinumtoxinA injections **must be discontinued** when the condition: 1) Has shown inadequate response to treatment (defined as <50% reduction in headache days per month after two treatment cycles) OR 2) Has changed to episodic migraine (defined as <15 headache days per month) for three consecutive months. Maximum of five treatment cycles. Additional treatment cycles may be considered at health plan discretion. • Migraine indication (onabotulinum toxin A only): **Initial** 1 dose (up to 155 units) per 12 weeks; 1 dose (up to 155 units) per 12 week approval for continued therapy if criteria met until 5 doses have been received. Treatment of chronic tension-type headache with OnabotulinumtoxinA is **not a covered benefit**.

Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	X

Key References:

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5. Bellet JS; Diagnosis and treatment of primary focal hyperhidrosis in children and adolescents. Semin Cutan Med Surg. 2010; 29:121-126. Available from: https://pdfs.semanticscholar.org/b8fd/2a8019355ede6543d90ea4bf61d36fbbf831.pdf.
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