Clinical Policy Title:	onabotulinumtoxinA
Policy Number:	RxA.591
Drug(s) Applied:	Botox®
Original Policy Date:	03/06/2020
Last Review Date:	12/05/2024
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 Cervical Dystonia;
2. 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. Pain and functional impairment.

Approval duration
All lines of business (except Medicare): 12 months

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

1. Diagnosis of blepharospasm (i.e., abnormal contraction of eyelid muscles);
2. Member has significant disability in daily functional activities due to interference with vision.

Approval duration
All lines of business (except Medicare): 12 months

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

1. Diagnosis of upper or lower limb spasticity associated with one of the following:
   a. Paralysis;
   b. Multiple sclerosis;
   c. Stroke;
   d. Cerebral palsy;
   e. Spinal cord injury;
   f. Brain injury;
   g. Hereditary spastic paraparesis;
   h. Spastic hemiplegia;
   i. Neuromyelitis optica.

Approval duration
All lines of business (except Medicare): 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. Trial of at least 2 months of two (2) of the following preventative therapies from different mechanisms of action, unless contraindicated or adverse effects are experienced:
   a. Candesartan;
   b. Antiepileptics: divalproex sodium, valproic acid, topiramate;
   c. Beta-blockers: atenolol, metoprolol, nadolol, propranolol, timolol;
   d. Antidepressants: amitriptyline, duloxetine, nortriptyline, venlafaxine;
3. For members currently treated with a CGRP inhibitor for chronic migraine (a and b):

a. Member has tried a minimum of 3 months of treatment for CGRP inhibitors dosed monthly;
b. Member has experienced and maintained a positive response.

All lines of Business (except Medicare)
CGRP monotherapy initial approval duration: 12 months
CGRP and Botox dual therapy initial approval duration: 3 months

E. Primary Axillary Hyperhidrosis* (must meet all)**:**
1. Diagnosis of severe primary axillary hyperhidrosis;
2. Trial and failure of topical aluminium chloride, unless contraindicated or adverse effects are experienced.

Approval duration
All lines of business (except Medicare): 12 months

F. Overactive Bladder (OAB) and Neurogenic detrusor overactivity (must meet all)**:**
1. Diagnosis of the following (a or b):
   a. Overactive bladder;
   b. Neurogenic bladder with a neurologic condition (e.g., stroke, spinal cord injury, Multiple Sclerosis);
2. Trial of at least two (2) of the following, unless contraindicated or adverse effects are experienced (a or b):
   a. Anticholinergic agents (e.g., solifenacin succinate, oxybutynin chloride, tolterodine tartrate);
   b. Beta-3 adrenergic agonists (e.g., Myrbetriq, Gemtesa).

Approval duration
All lines of business (except Medicare): 12 months

G. Strabismus (eye misalignment) (must meet all)**:**
1. Member meets one of the following diagnoses (a, b, or c):
   a. Vertical strabismus;
   b. Horizontal strabismus;
   c. Persistent sixth (VI) cranial nerve palsy for at least one month duration.

Approval duration
All lines of business (except Medicare): 12 months

II. Continued Therapy Approval

1. Chronic Migraine (must meet all):
   a. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria;
   b. For members who are treated with a CGRP inhibitor AND Botox for migraine prophylaxis, member has achieved >50% reduction in the frequency of days with headache or migraine.

Approval duration
All lines of business (except Medicare): 12 months

2. All Other Indications in Section I (must meet all):
   a. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria.

Approval duration
All lines of business (except Medicare): 12 months

References

1. Charles AC, Digre KB, Goadsby PJ, Robbins MS, Hershey A. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. Headache. 2024. Available at: https://headachejournal.onlinelibrary.wiley.com/doi/full/10.1111/head.14692. Accessed August 12, 2024.
2. Ailani J, Blumenfeld AM. Combination CGRP monoclonal antibody and onabotulinumtoxinA treatment for preventive treatment in chronic migraine. Headache. 2022. https://headachejournal.onlinelibrary.wiley.com/action/showCitFormats?doi=10.1111%2Fhead.14244. Accessed August 12, 2024.
3. Contarino MF, Van Den Dool J, Balash Y, et al. Clinical Practice: Evidence-Based Recommendations for the Treatment of Cervical Dystonia with Botulinum Toxin. *Front Neurol*. 2017;8:35. Published 2017 Feb 24. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5323428/. Accessed August 12, 2024.
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8. Kanukollu VM, Sood G. Strabismus. [Updated 2023 Nov 13]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available at: https://www.ncbi.nlm.nih.gov/books/NBK560782/. Accessed August 14, 2024.

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.	12/03/2020	12/07/2020

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.		
Policy was reviewed: 1. Initial Approval Criteria added. 2. Continued Therapy Approval updated in all other indications. 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.	04/05/2021	06/10/2021
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	2/1/2022	04/18/2022

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 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;	03/31/2023	04/13/2023

b. Botulinum toxin therapy for cosmetic or medical conditions has not been administered within the last 12 weeks; 4. References were reviewed and updated.		
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 (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 :	07/12/2023	07/13/2023

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 reviewed.	10/19/2023	10/19/2023
Policy reviewed.	12/05/2024	12/05/2024

1. References were reviewed and updated. 2. Removed prescriber requirements. 3. Removed age requirements. 4. Expanded on limb spasticity underlying conditions. 5. Updated chronic migraine trial and failure medications. 6. Removed reauthorization requirement for positive response to therapy. 7. Updated continuation criteria		