PRIOR AUTHORIZATION POLICY

POLICY: Botulinum Toxins – Botox Prior Authorization Policy
- Botox® (onabotulinumtoxinA injection – Allergan/AbbVie)

REVIEW DATE: 10/02/2024

OVERVIEW

Botox (onabotulinumtoxinA), an acetylcholine release inhibitor and neuromuscular-blocking agent, is indicated for the following uses:[1]

- **Blepharospasm** associated with dystonia, including benign essential blepharospasm or seventh (VII) nerve disorders in patients ≥ 12 years of age.
- **Cervical dystonia,** to reduce the severity of abnormal head position and neck pain associated with cervical dystonia in adults.
- **Hyperhidrosis, severe primary axillary** which is inadequately managed with topical agents in adults.
- **Migraine headache prophylaxis (prevention),** in adults with chronic migraine (≥ 15 days per month with headache lasting 4 hours a day or longer).
- **Neurogenic detrusor overactivity (NDO) in pediatric patients** ≥ 5 years of age who have had an inadequate response to or are intolerant of an anticholinergic medication.
- **Overactive bladder (OAB)** with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have had an inadequate response to or are intolerant of an anticholinergic medication.
- **Spasticity** in patients ≥ 2 years of age.
- **Strabismus** in patients ≥ 12 years of age.
- **Urinary incontinence due to detrusor overactivity associated with a neurological condition** (e.g., spinal cord injury, multiple sclerosis) in adults who have had an inadequate response to or are intolerant of an anticholinergic medication.

In regard to the indication of migraine headache prophylaxis, an updated position statement for the prevention of migraines from the American Headache Society (2024) notes that specifically for prevention of chronic migraine with or without aura, Botox should be considered a first-line treatment recommendation without a requirement for prior failure of other classes of migraine preventative treatment.[2]

Other Uses with Supportive Evidence

Botulinum toxin type A has been used to treat a multitude of disorders characterized by abnormal muscle contraction and the benefit of these products has also been demonstrated in the treatment of gastrointestinal, genitourinary, ocular, and autonomic nervous system disorders.[3,8]

Botulinum toxins have been studied in a variety of indications outside of FDA-approved uses.[18-20] Literature is available to support use of Botox in the following conditions:

- **Achalasia:** The American College of Gastroenterology (ACG) clinical guideline for the diagnosis and management of esophageal achalasia (2020) recommends the use of botulinum toxin (formulation not specified) as first-line therapy for patients with achalasia who are unfit for definitive therapies for the treatment of achalasia such as pneumatic dilation or surgical myotomy.[4]
- **Anal Fissures:** The ACG clinical guideline for the management of benign anorectal disorders (2021) suggests that botulinum toxin A injections (formulation not specified) may be attempted for patients with chronic anal fissures in whom calcium channel blockers fail or as an alternative option to calcium channel blockers (conditional recommendation; quality of evidence low).[5]

- **Dystonia, Focal Upper Limb:** Historical guidelines for the treatment of movement disorders from the American Academy of Neurology (AAN) support use of botulinum toxins in focal limb dystonia of the upper extremity (focal hand dystonia, i.e. writer's cramp) [Level B recommendation].[7] Botulinum toxin is considered the treatment of choice for most focal dystonias.[6] An evidence-based review and assessment (2013) for the treatment of focal upper limb dystonia indicate Botox should be considered (Level B recommendation).[28]
- **Essential Tremor:** According to the clinical practice parameter on essential tremor by the AAN (2011; reaffirmed 2022), propranolol and primidone are first-line therapy in the treatment of essential tremor.[14] Second-line medication options include alprazolam, atenolol, sotalol, gabapentin (as monotherapy), and topiramate. Botulinum toxin A may also reduce tremor. The guidelines recommend that botulinum toxin A may be considered in medically refractory cases of limb, head, and voice tremor associated with essential tremor (Level C for limb, head, and voice tremor).
- **Hemifacial Spasm:** Per historical AAN guidelines for the treatment of movement disorders, botulinum toxin (formulation not specified) may be considered in hemifacial spasm (Level C recommendation).[7] Data with Botox and Dysport® (abobotulinumtoxinA injection) are cited in the recommendations regarding hemifacial spasm. An evidenced-based review and assessment (2013) for the treatment of hemifacial spasm indicate Botox® (onabotulinumtoxinA injection) should be considered (Level B recommendation) and Dysport may be considered (Level C recommendation).[28]
- **Hyperhidrosis, Gustatory:** Botox is recommended as a first-line option for gustatory sweating by the International Hyperhidrosis Society.[15]
- **Hyperhidrosis, Primary Palmar, Plantar, and Facial:** Guidelines from the International Hyperhidrosis Society support use of Botox in patients with focal palmar, plantar, and craniofacial hyperhidrosis who have failed to respond to topical antiperspirant therapy.[15-17] The efficacy of Botox is well-established in the treatment of primary and focal palmar hyperhidrosis based on data from both randomized, double-blind, placebo-controlled studies and open-label studies.[19,21]
- **Laryngeal Dystonia (Spasmodic Dysphonia):** Botulinum toxin A is the most widely accepted treatment for spasmodic dysphonia, a focal laryngeal dystonia, and is viewed as the treatment of choice by the American Academy of Otolaryngology-Head and Neck Surgery (2018).[9] Per the guideline, clinicians should offer, or refer to a clinician who can offer, botulinum toxin injections for treatment of dysphonia caused by spasmodic dysphonia and other types of laryngeal dystonia. Historical AAN guidelines for the treatment of movement disorders note that botulinum toxin is probably effective and should be considered for adductor type laryngeal dystonia (spasmodic dysphonia) [Level B recommendation].[7] An evidence-based review and assessment (2013) for the treatment of adductor laryngeal dystonia indicate Botox may be considered (Level C recommendation).[28]
- **Oromandibular Dystonia:** Small clinical trials have shown botulinum toxin A to be effective in treating oromandibular dystonia.[11,12] The American Academy of Oral Medicine clinical practice statement on oromandibular dystonia recommend the use of botulinum type A injections (Botox is mentioned).[10] A five year trial with Dysport for the treatment of focal movement disorders including oromandibular dystonia showed effectiveness and no new safety concerns.[13] An evidence-based review and assessment (2013) for the treatment of oromandibular dystonia indicate Botox and Dysport may be considered (level C recommendation).[28] Of note, Meige syndrome is a variant that describes the co-existence of blepharospasm and oromandibular dystonia.[27]
- **Sialorrhea:** Botulinum toxin A has been studied in the treatment of sialorrhea associated with Parkinson's Disease, parkinsonian syndromes, cerebral palsy, head and neck carcinoma, neurodegenerative disease, stroke, and amyotrophic lateral sclerosis.[18] A review of the literature on medical treatment of sialorrhea found that Botox is probably effective for the treatment of this condition (Level B evidence).[24]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Botox. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Botox as well as the monitoring required for adverse events and long-term efficacy, approval for a diagnosis of migraine headache prevention requires Botox to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Prescription benefit coverage is not recommended for Botox Cosmetic or cosmetic conditions.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Botox is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Blepharospasm.** Approve for 1 year if the patient is ≥ 12 years of age.
   Note: This includes blepharospasm associated with dystonia, benign essential blepharospasm, seventh (VII) nerve disorders.

2. **Cervical Dystonia.** Approve for 1 year if the patient is ≥ 18 years of age.
   Note: Cervical dystonia is also referred to as spasmodic torticollis.

3. **Hyperhidrosis, Primary Axillary**. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Hyperhidrosis is significantly interfering with the ability to perform age-appropriate activities of daily living; AND
   - **C)** The prescriber has excluded secondary causes of hyperhidrosis; AND
   - **D)** Patient has tried at least one topical prescription agent for axillary hyperhidrosis for at least 4 weeks and experienced inadequate efficacy or significant intolerance.
     Note: Examples of prescription topical agents for the treatment of axillary hyperhidrosis include Xerac AC (aluminum chloride 6.25% topical solution), Drysol (aluminum chloride 20% topical solution), Qbrexza (glycopyrronium cloth 2.4% for topical use), Sofdra (glycopyrronium 12.45% topical gel).

4. **Migraine Headache Prevention.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has ≥ 15 migraine headache days per month with headache lasting 4 hours per day or longer (prior to initiation of Botox therapy); AND
   - **C)** Botox is being prescribed by or in consultation with a neurologist or headache specialist; AND
   - **D)** If the patient is currently taking Botox for migraine headache prevention, the patient has had a significant clinical benefit from the medication as determined by the prescriber.

Note: Examples of significant clinical benefit include a reduction in the overall number of migraine days per month or a reduction in number of severe migraine days per month from the time that Botox was initiated.

5. **Neurogenic Detrusor Overactivity (NDO), Pediatric**. Approve for 1 year if the patient meets BOTH of the following (A and B):
   A) Patient is ≥ 5 years of age; AND
   B) Patient has tried at least one other pharmacologic therapy for the treatment of neurogenic detrusor overactivity (NDO).
   Note: Examples of other NDO pharmacologic therapies include a beta-3 adrenergic agonist or an anticholinergic medication. For treatment of adult urinary incontinence due to detrusor overactivity associated with a neurological condition, refer to the FDA-Approved Indication below.

6. **Overactive Bladder with Symptoms of Urge Urinary Incontinence, Urgency, and Frequency (Adult)**. Approve for 1 year if the patient meets BOTH of the following (A and B):
   A) Patient is ≥ 18 years of age; AND
   B) Patient has tried at least one other pharmacologic therapy for the treatment of overactive bladder (OAB).
   Note: Examples of other OAB pharmacologic therapies include a beta-3 adrenergic agonist or an anticholinergic medication. For treatment of adult urinary incontinence due to detrusor overactivity associated with a neurological condition, refer to the FDA-Approved Indication below.

7. **Spasticity, Limb(s)**. Approve for 1 year if the is patient ≥ 2 years of age.

8. **Strabismus.** Approve for 1 year if the patient is ≥ 12 years of age.
   Note: Common types of strabismus include esotropia, exotropia, hypertropia, hypotropia.

9. **Urinary Incontinence Due to Detrusor Overactivity Associated with a Neurological Condition (Adult)**. Approve for 1 year if the patient meets BOTH of the following (A and B):
   Note: Examples of neurological conditions associated with urinary incontinence include spinal cord injury, multiple sclerosis, spina bifida.
   A) Patient is ≥ 18 years of age; AND
   B) Patient has tried at least one other pharmacologic therapy for the treatment of urinary incontinence.
   Note: Examples of other pharmacologic therapies for urinary incontinence include a beta-3 adrenergic agonist or an anticholinergic medication. For treatment of adult overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, refer to the FDA-Approved Indications above. For treatment of pediatric neurogenic detrusor overactivity (NDO), refer to the FDA-Approved Indication above.

Other Uses with Supportive Evidence

10. **Achalasia**. Approve for 1 year if the patient is ≥ 18 years of age.
    Note: Achalasia is also referred to as esophageal achalasia or achalasia cardia.

11. **Anal Fissure, Chronic.** Approve for 1 year if the patient is ≥ 18 years of age.
12. **Dystonia, Focal Upper Limb.** Approve for 1 year if the patient is ≥ 18 years of age.
    Note: An example of focal upper limb dystonia is focal hand dystonia.

13. **Essential Tremor.** Approve for 1 year if the patient meets BOTH of the following (A and B):
    A) Patient is ≥ 18 years of age; AND
    B) Patient has tried at least one other pharmacologic therapy for the treatment of tremors.
    Note: Examples of pharmacologic therapies for essential tremor include primidone, propranolol, atenolol, sotalol, alprazolam, gabapentin, or topiramate.

14. **Hemifacial Spasm.** Approve for 1 year if the patient is ≥ 18 years of age.

15. **Hyperhidrosis, Gustatory.** Approve for 1 year if the patient is ≥ 18 years of age.
    Note: Gustatory hyperhidrosis is also referred to as Frey's Syndrome.

16. **Hyperhidrosis, Primary Palmar/Plantar/Facial.** Approve for 1 year if the patient meets ALL of the following (A, B, C and D):
    A) Patient is ≥ 18 years of age; AND
    B) Hyperhidrosis is significantly interfering with the ability to perform age-appropriate activities of daily living; AND
    C) The prescriber has excluded secondary causes of hyperhidrosis; AND
    D) Patient has tried at least one topical agent for the treatment of hyperhidrosis for at least 4 weeks and experienced inadequate efficacy or significant intolerance.
    Note: Examples of topical agents for the treatment of hyperhidrosis include topical aluminum chloride antiperspirants.

17. **Laryngeal Dystonia (Spasmodic Dysphonia).** Approve for 1 year if the patient is ≥ 18 years of age.

18. **Oromandibular Dystonia.** Approve for 1 year if the patient is ≥ 18 years of age.
    Note: Oromandibular dystonia is also referred to as orofacial dystonia.

19. **Sialorrhea, Chronic.** Approve for 1 year if the patient is ≥ 18 years of age.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Botox is not recommended in the following situations:

1. **Cosmetic Uses.** Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical pharmacy benefit.
   Note: Examples of cosmetic uses include facial rhytides, frown lines, glabellar wrinkling, horizontal neck rhytides, mid and lower face and neck rejuvenation, platsymal bands, or rejuvenation of the periorbital region.

2. **Gastroparesis.** The ACG issued clinical guidelines on the management of gastroparesis (2013).[26] ACG does not recommend the use of botulinum toxin injected into the pylorus as a treatment for gastroparesis. This is based on two double-blind, placebo-controlled studies which did show some improvement in gastric emptying, but no improvement in symptoms compared with placebo.

3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

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