

BOTOX
(onabotulinumtoxinA)

Pre – PA Allowance

None

Prior – Approval Requirements

Age No age restriction

Diagnoses

Patient must have **ONE** of the following:

1. Upper and/or lower limb spasticity
2. Spastic hemiplegia

AND the following:

- a. **NO** dual therapy with other botulinum toxins
-

Age 5 – 17 years of age

Diagnosis

Patient must have the following:

1. Neurogenic detrusor overactivity (NDO)
 - a. Inadequate response or intolerance to an anticholinergic

AND the following:

- a. **NO** dual therapy with other botulinum toxins
-

Age 12 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Blepharospasm associated with dystonia
2. Strabismus

AND the following:

- a. **NO** dual therapy with other botulinum toxins

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Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

A. Spasticity disorders

1. Hereditary spastic paraplegia
2. Hemifacial spasms
3. Spasmodic torticollis (clonic twisting of the head)
4. Facial Nerve (VII) disorders
5. Neuromyelitis optica

B. Movement disorders

1. Dystonia
 - a. Cervical (spasmodic torticollis)
 - b. Writer's cramp
 - c. Focal task specific
 - d. Laryngeal (spasmodic dysphonia)
2. Essential Tremor
3. Orofacial dyskinesia

C. GI/ Sphincter disorders

1. Achalasia
2. Chronic anal fissures
3. Dysphagia
4. Sphincter of Oddi dysfunction
5. Excessive Salivation
 - a. Due to Parkinson's disease

D. Bladder

1. Overactive bladder (OAB)
 - a. Inadequate response or intolerance to an anticholinergic
2. Incontinence associated with a neurologic condition (spinal cord injury, multiple sclerosis, etc)
 - a. Inadequate response or intolerance to an anticholinergic

E. Other Indications

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1. Hyperhidrosis
2. Prophylaxis of chronic migraine headaches
 - a. Patient is experiencing ≥ 15 days per month with headache lasting 4 hours a day or longer
 - b. Patient has completed an adequate trial (≥ 8 weeks) of at least **ONE** of the following:
 - i. Divalproex sodium (Depakote, Depakote ER)
 - ii. Topiramate (Topamax)
 - iii. Gabapentin (Neurontin)
 - iv. Amitriptyline (Elavil)
 - v. Venlafaxine (Effexor)
 - vi. Beta-blocker: atenolol, metoprolol, propranolol, timolol, nadolol
 - vii. Nimodipine or verapamil
 - viii. Naproxen or other NSAID
 - ix. Other oral or injectable migraine prophylactic therapy considered to be appropriate by the requesting physician

AND the following for **ALL** indications:

- a. **NO** dual therapy with other botulinum toxins

Prior – Approval Limits

Quantity **100 IU vial** 4 vials per 90 days **OR**
 200 IU vial 2 vials per 90 days **OR**
 Any combination that does not exceed 400 IU per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age No age restriction

Diagnoses

Patient must have **ONE** of the following:

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2. Spastic hemiplegia

AND the following:

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- a. **NO** dual therapy with other botulinum toxins
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Age 5 – 17 years of age

Diagnosis

Patient must have the following:

1. Neurogenic detrusor overactivity (NDO)

AND the following:

- a. **NO** dual therapy with other botulinum toxins
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Age 12 years of age or older

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Patient must have **ONE** of the following:

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AND the following:

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D. Bladder

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2. Incontinence associated with a neurologic condition (spinal cord injury, multiple sclerosis, etc)

E. Other Indications

1. Hyperhidrosis
2. Prophylaxis of chronic migraine headaches
 - a. Response to therapy has shown a 50% reduction in monthly migraine frequency since starting therapy with Botox

AND the following for **ALL** indications:

- a. **NO** dual therapy with other botulinum toxins

Prior – Approval *Renewal* Limits

Same as above