Botox

Description

**Botox (onabotulinum toxin A)**

**Background**

Botulinum toxin (abbreviated either as BTX or BoNT) is a protein neurotoxin produced by the bacterium *Clostridium botulinum*. The botulinum toxins are characterized as 7 separate neurotoxins (labeled as types A, B, C [C1, C2], D, E, F, and G), which are antigenically and serologically distinct but structurally similar. The neuromuscular blockade is achieved through prevention of docking/fusion of neurosecretory with the nerve synapse plasma membrane and release of neurotransmitters (1).

The various botulinum toxins have approved cosmetic and non-aesthetic uses. They possess individual potencies, and care is required to assure proper use and avoid medication errors. Recent changes to the established drug names by the FDA were intended to reinforce these differences and prevent medication errors (1-2).

**Regulatory Status**

FDA-approved indications: Botox is an acetylcholine release inhibitor and a neuromuscular blocking agent indicated for: (3)

1. Treatment of overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication

2. Treatment of urinary incontinence due to detrusor over-activity associated with a neurologic condition [e.g., spinal cord injury (SCI), multiple sclerosis (MS)] in adults who have an inadequate response to or are intolerant of an anticholinergic medication.
3. Prophylaxis of headaches in adult patients with chronic migraine (≥15 days per month with headache lasting 4 hours a day or longer).
4. Treatment of upper or lower limb spasticity in adult patients.
5. Treatment of cervical dystonia in adult patients, to reduce the severity of abnormal head position and neck pain.
6. Treatment of severe axillary hyperhidrosis that is inadequately managed by topical agents in adult patients.
7. Treatment of blepharospasm associated with dystonia in patients ≥12 years of age.
8. Treatment of strabismus in patients ≥12 years of age.

Limitations of Use:
Safety and effectiveness of Botox have not been established for the prophylaxis of episodic migraine (14 headache days or fewer per month) (3).

Safety and effectiveness of Botox have not been established for the treatment of upper limb spasticity in pediatric patients, and for the treatment of lower limb spasticity in adult and pediatric patients (3).

Safety and effectiveness of Botox have not been established for the treatment of hyperhidrosis in body areas other than axillary (4).

Botulinum toxins are not interchangeable. Total accumulated dose should not exceed 400 IU over a 3 month interval (3).

Some products have cosmetic indications which are excluded from coverage.

Related policies
Dysport, Myobloc, Xeomin

Policy
This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Botox may be considered medically necessary for treatment of the conditions indicated below.

Botox may be considered investigational for all other indications.
Prior – Approval Requirements

Age  No age restriction

Diagnosis
Patient must have the following:

1. Upper and/or lower limb spasticity

Age  12 years of age or older

Diagnoses
Patient must have ONE of the following:

1. Blepharospasm associated with dystonia
2. Strabismus

Age  18 years of age or older

Diagnoses
Patient must have ONE of the following:

1. Achalasia
2. Overactive bladder (OAB)
   a. Inadequate response or intolerance to an anticholinergic
3. Incontinence associated with a neurologic condition (spinal cord injury, multiple sclerosis, etc)
   a. Inadequate response or intolerance to an anticholinergic
4. Chronic anal fissures
5. Dystonia
   a. Cervical
   b. Writer’s cramp
   c. Focal task specific
   d. Laryngeal (spasmodic dysphonia)
6. Dysphagia
7. Essential Tremor
8. Excessive Salivation
   a. Due to Parkinson’s disease
9. Facial Nerve (VII) disorders
10. Hemifacial spasms
11. Hereditary spastic paraplegia
12. Hyperhidrosis
13. Neuromyelitis optica
14. Orofacial dyskinesia
15. 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
      a. Divalproex Sodium (Depakote, Depakote ER)
      b. Topiramate (Topamax)
      c. Gabapentin (Neurontin)
      d. Amitriptyline (Elavil)
      e. Venlafaxine (Effexor)
      f. Beta-Blockers: Atenolol/Metoprolol/Propranolol/Timolol/Nadolol
      g. Nimodipine/Verapamil
      h. Naproxen/other NSAID
      i. Other oral migraine prophylactic therapy considered to be appropriate by the requesting physician
16. Spasmodic torticollis (clonic twisting of the head)
17. Spastic hemiplegia
18. Sphincter of Oddi dysfunction

**AND** the following:
   a. **NO** dual therapy with other botulinum toxins

---

**Prior – Approval Renewal Requirements**

**Age**

No age restriction

**Diagnosis**

Patient must have the following:

1. Upper and/or lower limb spasticity
Age 12 years of age or older

Diagnoses

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

1. Blepharospasm associated with dystonia
2. Strabismus

Age 18 years of age or older

Diagnoses

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

1. Achalasia
2. Overactive bladder (OAB)
3. Incontinence associated with a neurologic condition (spinal cord injury, multiple sclerosis, etc)
4. Chronic anal fissures
5. Dystonia
   a. Cervical
   b. Writer’s cramp
   c. Focal task specific
   d. Laryngeal (spasmodic dysphonia)
6. Dysphagia
7. Essential Tremor
8. Excessive Salivation
   a. Due to Parkinson’s Disease
9. Facial Nerve (VII) disorders
10. Hemifacial spasms
11. Hereditary spastic paraplegia
12. Hyperhidrosis
13. Neuromyelitis optica
14. Orofacial dyskinesia
15. Prophylaxis of chronic migraine headaches
   a. Response to therapy has shown a 50% reduction in monthly migraine frequency since starting therapy with Botox
16. Spasmodic torticollis (clonic twisting of the head)
17. Spastic hemiplegia
18. Sphincter of Oddi dysfunction

AND the following:
   a. NO dual therapy with other botulinum toxins

### Policy Guidelines

**Pre – PA Allowance**

None

**Prior – Approval Limits**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>100 IU vial</th>
<th>4 vials per 90 days OR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>200 IU vial</td>
<td>2 vials per 90 days OR</td>
</tr>
</tbody>
</table>

Any combination that does not exceed 400 IU per 90 days

**Duration** 12 months

**Prior – Approval Renewal Limits**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>100 IU vial</th>
<th>4 vials per 90 days OR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>200 IU vial</td>
<td>2 vials per 90 days OR</td>
</tr>
</tbody>
</table>

Any combination that does not exceed 400 IU per 90 days

**Duration** 12 months

### Rationale

**Summary**

Botulinum toxin (abbreviated either as BTX or BoNT) is a protein neurotoxin produced by the bacterium *Clostridium botulinum*. The botulinum toxins are characterized as 7 separate neurotoxins (labeled as types A, B, C [C1, C2], D, E, F, and G), which are antigenically and serologically distinct but structurally similar (3).

The various botulinum toxins have approved cosmetic and non-aesthetic uses. They possess individual potencies, and care is required to assure proper use and avoid medication errors. Recent changes to the established drug names by the FDA were intended to reinforce these differences and prevent medication errors (1-2).
Prior authorization is required to ensure the safe, clinically appropriate and cost effective use of Botox while maintaining optimal therapeutic outcomes.

References

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2009</td>
<td>On August 3, 2009, the FDA announced it was changing the generic names for both Botox and Myobloc to avoid medication errors. <strong>Botox's new generic name is onabotulinumtoxinA</strong>, after previously being known as botulinum toxin type A. <strong>Myobloc's new generic name is rimabotulinumtoxinB</strong>, after previously being called botulinum toxin type B.</td>
</tr>
<tr>
<td>July 2010</td>
<td>Updated ICD-9 codes, addition of ICD-10 codes, separation of criteria for Botox and Myobloc, and addition of the recently FDA approved diagnosis of spasticity in flexor muscles of the elbow, wrist and fingers for Botox. BOTOX (onabotulinumtoxinA) for injection is indicated for the treatment of upper limb spasticity in adult patients, to decrease the severity of increased muscle tone in elbow flexors (biceps), wrist flexors (flexor carpi radialis and flexor carpi ulnaris) and finger flexors (flexor digitorum profundus and flexor digitorum sublimis). The efficacy and safety of BOTOX for the treatment of upper limb spasticity were evaluated in three randomized, multi-center, double-blind, placebo-controlled studies. Safety and effectiveness of BOTOX have not been established for the treatment of upper limb spasticity in pediatric patients, and for the treatment of lower limb spasticity in adult and pediatric patients.</td>
</tr>
<tr>
<td>October 2010</td>
<td>Updated criteria to mirror newly approved FDA indication for chronic migraine in adults.</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>September 2011</td>
<td>Updated criteria to mirror newly approved FDA indication for urinary incontinence in people with neurologic conditions such as spinal cord injury and multiple sclerosis who have overactivity of the bladder. Removal of ICD 9 and 10 codes due to lack of specificity. Additional compendial indications for botulinum toxin type A including spasticity (upper and lower limbs) due to multiple causes (i.e. cerebral palsy, stroke, multiple sclerosis and post-traumatic brain and spinal cord injury) in both adults and children, treatment of achalasia in patients who are considered poor candidates for endoscopic dilation or surgery, chronic anal fissure, sphincter of Oddi dysfunction, dysphagia and hyperhidrosis.</td>
</tr>
<tr>
<td>December 2012</td>
<td>Annual Review—no change in policy statement. Reference and editorial updates</td>
</tr>
<tr>
<td>April 2013</td>
<td>FDA approval of overactive bladder in adults</td>
</tr>
<tr>
<td>September 2014</td>
<td>Annual editorial review and reference update</td>
</tr>
<tr>
<td>September 2015</td>
<td>Annual editorial review and reference update</td>
</tr>
<tr>
<td>January 2016</td>
<td>Addition of new indication of lower limb spasticity</td>
</tr>
<tr>
<td>March 2016</td>
<td>Policy number change from 5.12.01 to 5.75.01</td>
</tr>
<tr>
<td>May 2016</td>
<td>Addition of quantity limits 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</td>
</tr>
<tr>
<td>June 2016</td>
<td>Annual review</td>
</tr>
<tr>
<td>December 2016</td>
<td>Annual editorial review</td>
</tr>
<tr>
<td></td>
<td>Addition of essential tremor and excessive salivation due to Parkinson’s disease to criteria. Additional initiation criteria added to prophylaxis of chronic migraine. Continuation criteria updated for prophylaxis of chronic migraine to quantify reduction of migraine headaches.</td>
</tr>
<tr>
<td>September 2017</td>
<td>Annual review and reference update</td>
</tr>
</tbody>
</table>

**Keywords**

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 15, 2017 and is effective on October 1, 2017.