### 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 overactivity 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 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 (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:

Spasticity (upper and lower limbs) due to multiple causes [i.e. cerebral palsy, stroke, multiple sclerosis and post-traumatic brain and spinal cord injury]

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)
   AND **ONE** of the following:
   a. Inadequate response to an anticholinergic
   b. Intolerant of an anticholinergic
3. Incontinence associated with a neurologic condition (spinal cord injury, multiple sclerosis, etc)
   AND **ONE** of the following:
   a. Inadequate response to an anticholinergic
   b. Intolerant of an anticholinergic
4. Chronic anal fissures
5. Dystonia
   a. Cervical
   b. Writer’s cramp
   c. Focal task specific
   d. Laryngeal
6. Dysphagia  
7. Facial Nerve (VII) disorders  
8. Hemifacial spasms  
9. Hereditary spastic paraplegia  
10. Hyperhidrosis  
11. Neuromyelitis optica  
12. Orofacial dyskinesia  
13. Prophylaxis of chronic migraine headaches  
   AND  
      a. Patient is experiencing ≥15 days per month with headache lasting  
         4 hours a day or longer  
14. Spasmodic torticollis (clonic twisting of the head)  
15. Spastic hemiplegia  
16. Sphincter of Oddi dysfunction  
17. Upper limb spasticity

Prior – Approval Renewal Requirements

Same as above

EXCEPT FOR:

1. Prophylaxis of chronic migraine headaches  
   a. Response to therapy has shown the frequency has decreased to be  
      <15 days per month

Policy Guidelines

Pre – PA Allowance
None

Prior – Approval Limits
Duration  1 year

Prior – Approval Renewal Limits
Duration  1 year

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>
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<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>
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<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,</td>
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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.

October 2010  Updated criteria to mirror newly approved FDA indication for chronic migraine in adults.

September 2011  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.

December 2012  Annual Review-no change in policy statement. Reference and editorial updates

April 2013  FDA approval of overactive bladder in adults

September 2014  Annual editorial review and reference update

September 2015  Annual editorial review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 18, 2015 and is effective October 1, 2015.

Deborah M. Smith, MD, MPH