Botulinum Toxin

Override(s) | Approval Duration
---|---
Prior Authorization | Migraine indication: **Initial** 6 month approval, then ongoing treatment 1 year
 | All other indications: 1 year

***Washington Medicaid – See State Specific Mandate below for diagnoses of migraine headache and tension-type headache***

**Medications**

- Botox (onabotulinumtoxinA)
- Dysport (abobotulinumtoxinA)
- Myobloc (rimabotulinumtoxinB)
- Xeomin (incobotulinumtoxinA)

**APPROVAL CRITERIA**

Requests for botulinum toxin may be approved if the following criteria are met:

I. Individual has one of the following diagnoses:

   A. Disorders listed below if associated with spasticity or dystonia:
      1. Blepharospasm; **OR**
      2. Cerebral palsy; **OR**
      3. Facial nerve (VII) dystonia; **OR**
      4. Hemifacial Spasm; **OR**
      5. Hereditary spastic paraparesis; **OR**
      6. Idiopathic torsion dystonia; **OR**
      7. Lower limb spasticity; **OR**
      8. Multiple sclerosis; **OR**
      9. Neuromyelitis optica; **OR**
      10. Organic writer’s cramp; **OR**
      11. Orofacial/oromandibular dystonias, including jaw closure dystonia and Meige’s syndrome; **OR**
      12. Schilder’s disease; **OR**
      13. Spasmodic dysphonia or laryngeal dystonia (a disorder of speech due to

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I. Individual is using for skin wrinkles or other cosmetic indications; **OR**

II. Individual has headache diagnosis other than chronic migraine (example, tension, episodic migraine [14 migraine days per month or less], or chronic daily headaches); **OR**

III. Individual has had a treatment failure of botulinum toxin for any condition listed above (exception would be due to product specific intolerance or allergic reaction); **OR**

IV. Individual has any diagnosis not listed as an approvable diagnosis, including, but not limited to, the following:

   A. Anismus (pelvic floor dyssynergia)
   B. Bechet’s syndrome
   C. Benign Prostatic Hypertrophy
   D. Brachial Plexus Palsy
   E. Carpal tunnel syndrome
   F. Chronic motor tic disorder
   G. Disorders of the esophagus (except as listed above)
   H. Epicondylitis
   I. Fibromyalgia/fibromyositis
   J. Gastroparesis
   K. Low back pain
   L. Myofascial pain syndrome
   M. Neck pain not related to conditions mentioned above
   N. Nystagmus
   O. Parkinson’s disease
   P. Post-mastectomy reconstruction syndrome
   Q. Reynaud’s syndrome
   R. Sphincter of Oddi dysfunction
   S. Stuttering
   T. Tics associated with Tourette’s Syndrome
   U. Tinnitus
   V. Tourette’s Syndrome
   W. Tremors
   X. Urinary and anal sphincter dysfunction (except as listed above)
   Y. Vaginismus
   Z. Whiplash related disorders
   AA. Zygomatic Fractures

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### Market Applicability

<table>
<thead>
<tr>
<th>Market</th>
<th>DC</th>
<th>FL &amp; MMA</th>
<th>FL LTC</th>
<th>GA</th>
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<tbody>
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### State Specific Mandates

<table>
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<tr>
<th>State name</th>
<th>Date effective</th>
<th>Mandate details (including specific bill if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington</td>
<td>1/1/18</td>
<td>For treatment of chronic migraine (as defined by the International Headache Society defined as headaches on &gt;= 15 days per month of which &gt;= 8 days are with migraine), OnabotulinumtoxinA is covered when the following criteria are met:</td>
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<td>1) Has not responded to at least three prior pharmacological prophylaxis therapies from two different classes of drugs AND</td>
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<td>2) Condition is appropriately managed for medication overuse</td>
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<td>OnabotulinumtoxinA injections <strong>must be discontinued</strong> when the condition:</td>
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<td>1) Has shown inadequate response to treatment (defined as &lt;50% reduction in headache days per month after two treatment cycles) OR</td>
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<td>2) Has changed to episodic migraine (defined as &lt;15 headache days per month) for three consecutive months.</td>
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<td>Maximum of five treatment cycles. Additional treatment cycles may be considered at health plan discretion.</td>
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<td>• Migraine indication (onabotulinum toxin A only): <strong>Initial</strong> 1 dose (up to 155 units) per 12 weeks; 1 dose (up to 155 units) per 12 week approval for continued therapy if criteria met until 5 doses have been received.</td>
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<td>Treatment of chronic tension-type headache with OnabotulinumtoxinA is <strong>not a covered benefit.</strong></td>
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**Key References:**


4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.


