

**Drug Name: Botox (onabotulinumtoxinA)**

**Last Revision Date:** 12-2009, 09-2013, 05-2016, 08-2016

**Date:** 09-2017

<b>Drug Name:</b>	<b>Botox (onabotulinumtoxinA)</b>
<b>Required Medical Information:</b>	<ul style="list-style-type: none"> <li>• Patient is being treated for <b>blepharospasm</b> <i>or</i> <b>strabismus</b> <i>or</i> <b>dystonia</b> <i>or</i> <b>spasticity</b>; <i>and</i> <ul style="list-style-type: none"> <li>○ Patient has not responded to traditional therapy with antispasmodic agents, e.g. baclofen and dantrolene; <b>OR</b></li> </ul> </li>   <li>• Patient is being treated for <b>chronic migraine</b> and meets the following criteria: <ul style="list-style-type: none"> <li>○ Patient has had at least 15 headache days per month; <i>and</i></li> <li>○ Patient has headaches that last at least 4 hours long each; <i>and</i></li> <li>○ Patient has been evaluated for medication overuse (“rebound”) headaches; <i>and</i></li> <li>○ Patient has failed a recent trial of an appropriate dose and for an appropriate duration of therapy (each lasting at least 2 months) with at least two (2) prophylactic agents from different drug classes; <b>OR</b></li> </ul> </li>   <li>• Patient is being treated for <b>hyperhidrosis</b> and meets the following criteria: <ul style="list-style-type: none"> <li>○ Patient is diagnosed with severe axillary hyperhidrosis; <i>and</i></li> <li>○ Patient has failed a recent trial of an appropriate dose and for an appropriate duration of therapy with aluminum chloride due to inadequate response or intolerance; <i>and</i></li> <li>○ Patient has failed a recent trial of an appropriate dose and for an appropriate duration of therapy with at least one (1) oral anticholinergic; <i>and</i></li> <li>○ Documentation is provided of inability to perform age-appropriate daily activities; <i>and</i></li> <li>○ Patient has a Hyperhidrosis Disease Severity Scale (HDSS) score of 3-4 prior to initiation of therapy</li> </ul> </li>   <li>• Patient is being treated for <b>overactive bladder</b> <i>or</i> <b>neurogenic bladder</b> and meets the following criteria: <ul style="list-style-type: none"> <li>○ Patient has at least 8 urinations in a 24-hour period; <i>and</i></li> <li>○ Patient has at least 2 urinary incontinence episodes in a 24-hours period; <i>and</i></li> <li>○ Patient has failed a recent trial of an appropriate dose and appropriate duration of therapy with at least 3 antimuscarinic agents, one of which must be a long-acting agent, due to inadequate response or intolerance; <i>and</i></li> <li>○ Patient is able or willing to self-catheterize <i>and</i></li> <li>○ Patient is not prone to urinary tract infections.</li> </ul> </li> </ul>
<b>Renewal Criteria</b>	<ul style="list-style-type: none"> <li>• <b>Chronic migraine:</b> Renewal requests must demonstrate a decrease by at least seven (7) headache days per month following initiation of therapy.</li> <li>• <b>Hyperhidrosis:</b> Renewal requests must demonstrate an improvement of patient’s HDSS score by at least two (2) following initiation of therapy.</li> <li>• <b>Overactive bladder or neurogenic bladder:</b> Renewal requests must demonstrate a decrease of at least two urinary incontinence episodes per day following initiation of therapy.</li> </ul>
<b>Coverage Duration:</b>	<p><b>Initial:</b></p> <ul style="list-style-type: none"> <li>• Blepharospasm, strabismus, dystonia, and spasticity: <b>12 months</b></li> <li>• Chronic migraine, hyperhidrosis, and overactive neurogenic bladder: <b>3 months</b></li> </ul> <p><b>Continuation of Therapy (all diagnoses)</b> 12 months</p>