

PHARMACY PRIOR AUTHORIZATION Clinical Guideline – BOTULINUM TOXINS

Botox® (onabotulinumtoxinA)

Myobloc® (rimabotulinumtoxinB)

Dysport® (abobotulinumtoxinA)

Xeomin® (incobotulinumtoxinA)

Indications: (use if necessary):

Overactive Bladder

- BOTOX indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication.

Detrusor Overactivity associated with a Neurologic Condition

- BOTOX is indicated for the treatment of urinary incontinence due to detrusor overactivity associated with a neurologic condition (e.g., SCI, MS) in adults who have an inadequate response to or are intolerant of an anticholinergic medication.

Chronic Migraine

- BOTOX is indicated for the prophylaxis of headaches in adult patients with chronic migraine (≥15 days per month with headache lasting 4 hours a day or longer). Safety and effectiveness have not been established for the prophylaxis of episodic migraine (14 headache days or fewer per month) in seven placebo-controlled studies.

Upper Limb Spasticity

- BOTOX 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), finger flexors (flexor digitorum profundus and flexor digitorum sublimis), and thumb flexors (adductor pollicis and flexor pollicis longus). Safety and effectiveness of BOTOX have not been established for the treatment of other upper limb muscle groups, or for the treatment of lower limb spasticity. Safety and effectiveness of BOTOX have not been established for the treatment of spasticity in pediatric patients under age 18 years. BOTOX has not been shown to improve upper extremity functional abilities, or range of motion at a joint affected by a fixed contracture. Treatment with BOTOX is not intended to substitute for usual standard of care rehabilitation regimens.
- XEOMIN is indicated for the treatment of upper limb spasticity in adult patients.

Cervical Dystonia

- BOTOX is indicated for the treatment of adults with cervical dystonia, to reduce the severity of abnormal head position and neck pain associated with cervical dystonia.
- DYSPOORT is indicated for the treatment of adults with cervical dystonia to reduce the severity of abnormal head position and neck pain in both toxin-naïve and previously treated patients.
- MYOBLOC is indicated for the treatment of adults with cervical dystonia to reduce the severity of abnormal head position and neck pain associated with cervical dystonia.



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- XEOMIN is indicated for the treatment of adults with cervical dystonia to decrease the severity of abnormal head position and neck pain in both botulinum toxin-naïve and previously treated patients.

Primary Axillary Hyperhidrosis

- BOTOX is indicated for the treatment of severe primary axillary hyperhidrosis that is inadequately managed with topical agents. The safety and effectiveness of BOTOX for hyperhidrosis in other body areas have not been established. Weakness of hand muscles and blepharoptosis may occur in patients who receive BOTOX for palmar hyperhidrosis and facial hyperhidrosis, respectively. Patients should be evaluated for potential causes of secondary hyperhidrosis (e.g., hyperthyroidism) to avoid symptomatic treatment of hyperhidrosis without the diagnosis and/or treatment of the underlying disease.

Blepharospasm and Strabismus

- BOTOX is indicated for the treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age and above.
- XEOMIN is indicated for the treatment of adults with blepharospasm who were previously treated with Botox.

Authorization Guidelines:

General Criteria for all indications:

- NOT prescribed for cosmetic purposes
- Prescribed by an appropriate specialist based on indication
- Prescribed for an FDA-approved indication (or other indication with supporting peer-reviewed medical literature)

Additional criteria for Chronic Limb Spasticity due to hereditary spastic paraplegia, spastic hemiplegia due to stroke, traumatic brain or spinal cord injury, or MS or other demyelinating diseases of the CNS:

- Request is for Botox, Xeomin, or Dysport
- Trial and failure of baclofen and at least one other formulary muscle relaxant such as tizanidine or dantrolene
- Trial and failure or concurrent utilization of physical and/or occupational therapy
- Abnormal muscle tone is either interfering with functional ability, OR is expected to result in joint contracture
- Age restriction: must be at least 18 years old

Additional criteria for severe primary axillary hyperhidrosis:

- Request is for Botox
- Score of 3 or 4 on the Hyperhidrosis Disease Severity Scale (HDSS)
- Patient has medical complications from hyperhidrosis (i.e., skin maceration with secondary skin infections)
- Trial and failure of a 2 month trial of topical aluminum chloride 20% or inability to tolerate
- Age restriction: must be at least 18 years old

Additional criteria for Migraine Prophylaxis:

- Request is for Botox

- Documented migraine frequency of 15 days or more in a 30-day period for at least 3 months with each headache lasting 4 hours or longer
- Documented failure (<50% reduction in migraine frequency after at least 2 months duration) or intolerance to at least 1 formulary medication from at least 2 of the following first line drug classes used for migraine prophylaxis:
 - Beta-blocker: propranolol
 - Anticonvulsant: valproic acid, divalproex, topiramate
 - Antidepressants: amitriptyline
- Age restriction: must be at least 18 years old

Additional criteria for Neurogenic bladder:

- Request is for Botox
- Trial and failure of 2 formulary urinary anticholinergics (i.e., oxybutynin, trospium, tolterodine). Note: Trospium and tolterodine require step therapy with oxybutynin.
- Failure of behavioral therapy (i.e., bladder training or pelvic floor exercises)
- Age restriction: must be at least 18 years old

Additional criteria for Overactive bladder:

- Request is for Botox
- Failure of behavioral therapy (i.e., bladder training or pelvic floor exercises)
- Trial and failure of 3 formulary urinary anticholinergics (i.e., oxybutynin, trospium, tolterodine). Note: Trospium and tolterodine require step therapy with oxybutynin.
- Age restriction: must be at least 18 years old

Additional criteria for off-label use[†] for Achalasia:

- Request is for Botox
- Patient meets ONE of the following:
 - Patient remains symptomatic despite surgical myotomy or pneumatic dilation
 - Patient is not a candidate for surgical myotomy or pneumatic dilation or refuses procedure(s)
 - Patient presents with atypical achalasia symptoms and Botox is needed to help guide therapy and/or confirm diagnosis
- Malignancy at esophagogastric junction has been ruled out by endoscopic evaluation
- Age restriction: must be at least 18 years old

Additional criteria for off-label use[†] for chronic anal fissures :

- Request is for Botox
- Trial and failure of bulk fiber supplements, stool softeners, sitz baths, and/or nitroglycerin ointment 0.4% (Rectiv) for at least 2 months
- Crohn's disease has been ruled out
- Age restriction: must be at least 18 years old

Additional criteria for off-label use[†] for Sialorrhea (excessive drooling) associated with neurological disorders (i.e., Parkinson's disease, amyotrophic lateral sclerosis, cerebral palsy):

- Request is for Botox or Myobloc

- Trial and failure of anticholinergics (glycopyrrolate and benztropine)
- Patient has medically significant complications (i.e., chronic skin maceration or uncontrolled infections)
- Age restriction: must be at least 3 years old for Botox, 18 for Myobloc

Additional criteria for off-label use[†] for spasticity or equinus gait due to Cerebral palsy:

- Request is for Botox
- Patient has participated in or is currently being managed with occupational therapy
- Age restriction: pediatric patient (2-18 years of age)

Botulinum toxins may also be reviewed for medical necessity for treatment of the following indications:

- *Botox* for cervical dystonia in patients at least 16 years old
- *Dysport*, *Myobloc*, *Xeomin* for cervical dystonia in patients at least 18 years old
- *Botox* for blepharospasm in patients at least 12 years old
- *Xeomin* for blepharospasm in patients at least 18 years old who were previously treated with onabotulinumtoxinA (Botox)
- *Botox* for strabismus in patients at least 12 years old and with deviations of <50 prism diopters
- *Botox* for off-label use[†] for hemifacial spasm in patients at least 18 years old

Note: Additional information may be required on a case-by-case basis to allow for adequate review

[†]Off-label indications included based on peer-reviewed clinical studies

Initial Approval:

- 6 months
- Treatment is given once every 12 weeks

Renewal:

- 1 year
- Treatment is given once every 12 week

References:

1. Gold Standard. (2011, July 25). Xeomin. Tampa, Florida, USA. Retrieved September 2, 2014, from <http://www.clinicalpharmacology-ip.com/Forms/Monograph/monograph.aspx?cpnum=3701&sec=monindi&t=0>
2. Botox (onabotulinumtoxinA) [package insert]. Irvine, CA: Allergan, Inc.; 2013.
3. Dysport (abobotulinumtoxinA) [package insert]. Wrexham, UK: Ipsen Biopharm, Ltd.; 2012.
4. Xeomin (incobotulinumtoxinA) [package insert]. Greensboro, NC: Merz Pharmaceuticals, LLC; 2013.
5. Myobloc (rimabotulinumtoxinB) [package insert]. South San Francisco, CA: Solstice Neurosciences, Inc.; 2010.
6. <http://www.sweathelp.org/en/about-hyperhidrosis/clinical-guidelines/hyperhidrosis-treatment-algorithms.html>
7. Vaezi MF, Pandolfino JE, Vela MF. ACG clinical guideline: Diagnosis and management of achalasia. *Am J Gastroenterol* 2013; 108:1238.
8. Mahajan ST. Use of botulinum toxin for treatment of non-neurogenic lower urinary tract conditions. In: UpToDate online. Waltham, MA: Wolters Kluwer. (Accessed 8/30/15).

9. Koman LA, Brashear A, Rosenfeld S, et al: Botulinum toxin type a neuromuscular blockade in the treatment of equinus foot deformity in cerebral palsy: a multicenter, open-label clinical trial. *Pediatrics* 2001; 108(5):1062-1071.
10. Fehlings D, Rang M, Glazier J, et al: An evaluation of botulinum-A toxin injections to improve upper extremity function in children with hemiplegic cerebral palsy. *J Pediatr* 2000; 137(3):331-337
11. Breen E, Bleday R. Approach to patients with an anal fissure. In: UpToDate online. Waltham, MA: Wolters Kluwer. (Accessed 8/30/15).
12. OnabotulinumtoxinA. In: DRUGDEX System Micromedex 2.0. Greenwood Village, CO: Thompson Reuters (Healthcare) Inc. (Accessed 8/30/15).
13. Caviness JN. Treatment of myoclonus. In: UpToDate online. Waltham, MA: Wolters Kluwer. (Accessed 8/30/15).
14. Jongerius PH, van den Hoogen FJA, van Limbeek J, Gabreels FJ, van Hulst K, Rotteveel JJ. Effect of Botulinum Toxin in the Treatment of Drooling: A Controlled Clinical Trial. *Pediatrics*. 2004; 114(3): 620 -627. (doi: 10.1542/peds.2003-1104-L),
15. Costa J, et al. Botulinum toxin type A therapy for blepharospasm (Review). *COCHRANE DB SYST REV*. 2004, Issue 2. Art.No.: CD004900. DOI: 10.1002/14651858.CD004900.pub2.
16. Walshe M, Smith M, Pennington L. Interventions for drooling in children with cerebral palsy. *Cochrane DB Syst Rev*. 2012, Issue 11. Art. No.: CD008624. DOI: 10.1002/14651858.CD008624.pub3.
17. Evers S, et al. EFNS guideline on the drug treatment of migraine – revised report of an EFNS task force. *Eur J Neurol*. 2009, 16: 968–981. doi:10.1111/j.1468-1331.2009.02748.x.
18. Estemalik E, Tepper S. Preventive treatment in migraine and the new US guidelines. *Neuropsychiatric disease and treatment*. 2013;9 709–720. DOI <http://dx.doi.org/10.2147/NDT.S33769>.
19. Headache Classification Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, 3rd edition (beta version). *Cephalalgia* 2013; 33:629.
20. Silberstein SD. Practice parameter: evidence-based guidelines for migraine headache (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology*. 2000;55(6):754-762. doi: <http://dx.doi.org/10.1212/WNL.55.6.754>.
21. Dodick DW, et al. PREEMPT Chronic Migraine Study Group. OnabotulinumtoxinA for treatment of chronic migraine: pooled results from the double-blind, randomized, placebo-controlled phases of the PREEMPT clinical program. *Headache*. 2010;50(6):921.
22. Solish N, Bertucci V, Dansereau A, et al. A comprehensive approach to the recognition, diagnosis, and severity-based treatment of focal hyperhidrosis: recommendations of the canadian hyperhidrosis advisory committee. *Dermatol Surg*. 2007;33(8):908-923.
23. Delgado MR, Hirtz D, Aisen M, et al. Practice parameter: pharmacologic treatment of spasticity in children and adolescents with cerebral palsy (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology and the Practice Committee of the Child Neurology Society. *Neuro*. 2010;74(4):336.