

Pharmacy Prior Authorization Botulinum Toxins – Clinical Guideline

Botox[®] (onabotulinumtoxinA) **Myobloc**[®] (rimabotulinumtoxinB) **Dysport**® (abobotulinumtoxinA) **Xeomin**® (incobotulinumtoxinA)

General Authorization Guidelines for All Indications:

- NOT prescribed for cosmetic purposes
- Prescribed by an appropriate specialist based on indication
- Prescribed within the FDA-approved dosing

Additional Criteria Based on Indication:

• Chronic Limb Spasticity (Botox, Xeomin, Dysport):

- Spasticity is due to hereditary spastic paraplegia, spastic hemiplegia due to stroke, traumatic brain (TBI) or spinal cord injury (SCI), or multiple sclerosis (MS) or other demyelinating diseases of the CNS
- Failure of baclofen and at least one other formulary muscle relaxant such as tizanidine or dantrolene.
- o Trial of physical and/or occupational therapy
- o Abnormal muscle tone is either interfering with functional ability OR is expected to result in joint contracture
- o Age restriction (Botox and Xeomin): must be at least 18 years old
- o Age restriction (Dysport): Upper limb spasticity: must be at least 18 years old
- o Age restriction (Dysport): Lower limb spasticity: must be at least 2 years old

• Severe primary axillary hyperhidrosis (Botox):

- Score of 3 or 4 on the Hyperhidrosis Disease Severity Scale (HDSS)
- o Patient has medical complications from hyperhidrosis (e.g., skin maceration with secondary skin infections)
- o Failure of a 2 month trial of topical aluminum chloride 20%
- o Age restriction: must be at least 18 years old

Migraine Prophylaxis (Botox):

- 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
- o Failure of (e.g., <50% reduction in migraine frequency after at least 2 months duration, or intolerance to) at least 2 medications commonly used for migraine prophylaxis:
 - Beta-blocker: propranolol
 - Anticonvulsant: valproic acid or divalproex, topiramate
 - Antidepressants: amitriptyline
- Age restriction: must be at least 18 years old

Neurogenic bladder (Botox):

- Trial of behavioral therapy (e.g., bladder training or pelvic floor exercises)
- Failure of 2 urinary anticholinergics (e.g., oxybutynin, trospium, tolterodine). Note: Trospium and tolterodine may require step therapy.
- o Age restriction: must be at least 18 years old

Overactive bladder (Botox):

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

Achalasia (Botox):

Last Update: 10/2016; Effective 2/1/2017



Pharmacy Prior Authorization Botulinum Toxins – Clinical Guideline

- o 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
- o Age restriction: must be at least 18 years old

Chronic anal fissures (Botox):

- Trial and failure of nitroglycerin ointment 0.4% (Rectiv) for at least 3 weeks AND either bulk fiber supplements, stool softeners, or sitz baths for at least 1 month
- o Crohn's disease has been ruled out
- o Age restriction: must be at least 18 years old

• Sialorrhea (Botox or Myobloc):

- Sialorrhea (excessive drooling) is associated with a neurological disorder (e.g., Parkinson's disease, amyotrophic lateral sclerosis, cerebral palsy
- Failure of an anticholinergic (e.g., glycopyrrolate and benztropine)
- o Patient has medically significant complications due to sialorrhea (e.g, chronic skin maceration or uncontrolled infections)
- o Age restriction (Botox): must be at least 3 years old
- o Age restriction (Myobloc): must be at least 18 years old

• Spasticity or equinus gait due to Cerebral Palsy (Botox or Dysport):

- o Patient will be enrolled in or is currently being managed with occupational therapy
- Age restriction: pediatric patient (2-18 years of age)

Botulinum toxins may also be approved if medically necessary for treatment of the following indications which have limited treatment options:

- o Botox for cervical dystonia in patients at least 16 years old
- o Dysport, Myobloc, Xeomin for cervical dystonia in patients at least 18 years old
- o Botox for blepharospasm in patients at least 12 years old
- Xeomin for <u>blepharospasm</u> in patients at least 18 years old who were previously treated with onabotulinumtoxinA (Botox)
- o Botox for strabismus in patients at least 12 years old and with deviations of < 50 prism diopters
- o Botox for hemifacial spasm in patients at least 18 years old

Initial Approval:

- 6 months
- Treatment is given no sooner than once every 12 weeks

Renewal:

- 1 year
- Treatment is given no sooner than once every 12 weeks
- Botox: Should not exceed a cumulative dose of 400 units every 90 days

Last Update: 10/2016; Effective 2/1/2017



Pharmacy Prior Authorization Botulinum Toxins – Clinical Guideline

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. Revised Feb, 2016.
- 3. Dysport (abobotulinumtoxinA) [package insert]. Wrexham, UK: Ipsen Biopharm, Ltd.; 2012. Revised July, 2015.
- 4. Xeomin (incobotulinumtoxinA) [package insert]. Greensboro, NC: Merz Pharmaceuticals, LLC; 2013. Revised Dec, 2015
- 5. Myobloc (rimabotulinumtoxinB) [package insert]. South San Francisco, CA: Solstice Neurosciences, Inc.; 2010. Revised Jan, 2012.
- 6. Simpson DM, Hallet M, Ashman EJ, et al. Practice guideline update summary: botulinum neurotoxin for the treatment of blepharospasm, cervical dystonia, adult spasticity, and headache: report of the guideline development subcommittee of the American Academy of Neurology. *Neurology*. 2016;86:1818-1826.
- 7. Yelnik AP, Simon O, Bensmail D, et al. Drug treatments for spasticity. Annals Phys Rehab Med. 2009:52(10):746-756.
- 8. Brown AL, Gordon J, Hill S. Hyperhidrosis: review of recent advances and new therapeutic options for primary hyperhidrosis. *Curr Opin Pediatr*. 2014;26(4):460-465.
- 9. Primary focal axillary. International Hyperhidrosis Society. http://www.sweathelp.org/treatments-hcp/clinical-guidelines/primary-focal-hyperhidrosis/primary-focal-axillary.html. Accessed August 11, 2016.
- 10. 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
- 11. Evers S, Afra J, Frese A, Goadsby PJ, et al. EFNS guideline on the drug treatment of migraine revised report of an EFNS task force. *Eur J Neurol*. 2009;16: 968–981.
- 12. 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.
- 13. Estemalik E, Tepper S. Preventive treatment in migraine and the new US guidelines. *Neuropsychiatri Dis Treat*. 2013;9:709–720.
- 14. Olsson JE, Behrin HC, Forssman B, et al. Metoprolol and propranolol in migraine prophylaxis: a double-blind multicenter study. *Acta Neurol Scand*. 1984;70(3):160-168.
- 15. 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.
- 16. Tudor KI, Sakakibara R, Panicker JN. Neurogenic lower urinary tract dysfunction: evaluation and management [Published online ahead of print July 11 2016]. *J Neurol.* 2016. DOI: 10.1007/s00415-016-8212-2.
- 17. Nambiar AA. Chapter 4: guidelines for the diagnosis and treatment of overactive bladder (OAB) and neurogenic detrusor overactivity (NDO). *Neurourol Urodyn*. 2014;33(Supp 3):S21-S25.
- 18. Mahajan ST. Use of botulinum toxin for treatment of non-neurogenic lower urinary tract conditions. UpToDate. http://www.uptodate.com. Updated May 16, 2016. Accessed August 11, 2016.
- 19. Ates F, Vaezi MF. The pathogenesis and management of achalasia: current status and future directions. *Gut Liver*. 2015;9(4):449-463.
- 20. Vaezi MF, Pandolfino JE, Vela MF. ACG clinical guideline: Diagnosis and management of achalasia. *Am J Gastroenterol* 2013; 108:1238.
- 21. Wald A, Bharucha AE, Cosman BC, Whitehead WE. ACG clinical guideline: management of benign anorectal disorders. *Am J Gastroenterol*. 2014;109:1141-1157.
- 22. Breen E, Bleday R. Anal fissure: medical management. UpToDate. http://www.uptodate.com. Updated May 18, 2016. Accessed August 12, 2016.
- 23. Reddihough D, Erasmus CE, Johnson H, McKellar GMW, Jongerius PH. Botulinum toxin assessment, intervention and aftercare for paediatric and adult drooling: international consensus statement. *Eur J Neurol*. 2010;17(Supp 2):109-121.
- 24. 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.
- 25. Reddihough D, Erasmus CE, Johnson H, McKellar GMW, Jongerius PH. Botulinum toxin assessment, intervention and aftercare for paediatric and adult drooling: international consensus statement. *Eur J Neurol*. 2010;17(Supp 2):109-121.
- 26. 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.
- 27. 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.
- 28. Costa J, et al. Botulinum toxin type A therapy for blepharospasm (Review). COCHRANE DB SYST REV. 2004, Issue 2. Art.No.:



Pharmacy Prior Authorization Botulinum Toxins – Clinical Guideline

CD004900. DOI: 10.1002/14651858.CD004900.pub2.

- 29. Patterson MC. Management and prognosis of cerebral palsy. UpToDate. http://www.uptodate.com. Updated April 8, 2016. Accessed August 12, 2016.Pavone V, Testa G, Restivo DA, et al. Botulinum toxin treatment for limb spasticity in childhood cerebral palsy. *Front Pharmacol*. 2016;7:29.
- 30. 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.
- 31. AbobotulinumtoxinA for equinus foot deformity in cerebral palsy: a randomized controlled trial. 2016;137(2): e20152830.
- 32. 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.
- 33. Hoare BJ, Wallen MA, Imms C, Villanueva E, Rawicki HB, Carey L. Botulinum toxin A as an adjunct to treatment in the management of the upper limb in children with spastic cerebral palsy (update). Cochrane Database Syst Rev. 2010;(1): CD003469. doi: 10.1002/14651858.CD003469.pub4.
- 34. 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

Last Update: 10/2016; Effective 2/1/2017 Page | 4