Prior approval is required for some or all procedure codes listed in this Corporate Drug Policy.

Overview
Botulinum neurotoxins produced by Clostridium botulinum, a gram-positive anaerobic bacterium, can prevent the release of acetylcholine, carrying chemical denervation and blockage of neuromuscular transmission. Botulinum toxins produce a presynaptic neuromuscular blockage by preventing release of acetylcholine from motor nerve terminals. The resulting chemical denervation of muscle induces local paresis or paralysis and individual muscles can be weakened selectively. Botulinum toxins have the advantage of being potent neuromuscular blocking agents with good selectivity, long duration of action and few side effects.

Of seven known distinct neurotoxins (A-G), onabotulinumtoxinA (Botox®/Botox Cosmetic), abobotulinumtoxinA (Dysport™), rimabotulinumtoxinB (Myobloc®) and incobotulinumtoxinA (Xeomin®) have been approved by the U.S. Food and Drug Administration for clinical use.

Policy Statement:
This policy involves the use of botulinum toxin. Prior authorization is recommended for pharmacy and medical benefit coverage of botulinum toxin. Approval is recommended for those who meet the conditions of coverage in the Criteria and Dosing. Conditions Not Recommended for Approval are listed following the recommended authorization criteria and Waste Management section. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with botulinum toxin as well as the monitoring required for AEs and long-term efficacy, initial approval requires botulinum toxin be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.
Medical Necessity:

I. **Gastrointestinal disorders:** The Company considers botulinum toxin (HCPCS Codes J0585, J0586, J0587 and J0588) **medically necessary** and eligible for reimbursement providing that **at least one** of the following medical criteria is met:

- Esophageal achalasia and **at least one** of the following:
  1. High risk for complications associated with pneumatic dilation or surgical myotomy; or
  2. Failure of a prior dilation or myotomy; or
  3. Previous perforation due to pneumatic dilation; or
  4. Epiphrenic diverticulum or hiatal hernia; or
  5. Esophageal varices; or

- Anal fissure refractory to conventional nonsurgical medical therapy (e.g., nitrate preparations, sitz baths, stool softeners, bulk agents, diet modifications).

II. **Headache:** The Company considers botulinum toxin (HCPCS Codes J0585, J0586, J0587 and J0588) **medically necessary** and eligible for reimbursement providing that **all** of the following medical criteria are met:

- Chronic migraines†; and
- Evaluation and treatment of chronic migraines† with botulinum toxin must be performed by a board eligible or board certified neurologist, ophthalmologist, pain management specialist or by a physician certified in headache medicine.

†Diagnosis of chronic migraines meets the following:

- Meets international Classification of Headache Disorders (ICHD-3) diagnostic criteria for chronic migraine headache (see appendix); and
- Failure, contraindication, or intolerance to at least two different prescription migraine prevention therapies after titration to maximal tolerated doses (e.g., beta-blockers, calcium channel blockers, anticonvulsants, antidepressants).

III. **Hyperhidrosis:** The Company considers botulinum toxin (HCPCS Codes J0585, J0586, J0587 and J0588) **medically necessary** and eligible for reimbursement providing that **all** of the following medical criteria are met:

- Primary focal hyperhidrosis; and
- Failure of (trial period of ≥1 month), intolerance to or unable to receive conventional medical therapy for hyperhidrosis, including prescription strength aluminum chloride products and medications (e.g., anti-cholinergics, anti-inflammatories); and
- Presence of medical complications of hyperhidrosis, including skin maceration with secondary infection or significant functional impairment.
IV. **Movement disorders:** The Company considers botulinum toxin (HCPCS Codes J0585, J0586, J0587 and J0588) medically necessary and eligible for reimbursement providing that all of the following medical criteria are met:

- Diagnosis of a movement or focal spastic disorders or excessive muscular contractions, including at least one of the following:

  1. Genetic torsion dystonia; or
  2. Acquired torsion dystonia; or
  3. Fragments of torsion dystonia; or
  4. Hereditary spastic paraplegia; or
  5. Multiple sclerosis; or
  6. Other demyelinating diseases of central nervous system; or
  7. Spastic hemiplegia; or
  8. Infantile cerebral palsy; or
  9. Quadriplegia and quadriparesis; or
  10. Paraplegia; or
  11. Diplegia of upper limbs; or
  12. Monoplegia of upper and/or lower limb; or
  13. Unspecified monoplegia; or
  14. Trigeminal nerve disorder; or
  15. Facial nerve disorder(s); or
  16. Spastic entropion; or
  17. Spastic ectropion; or
  18. Strabismus and other disorders of binocular eye movements including blepharospasm; or
  19. Hemiplegia/hemiparesis; or
  20. Paralysis of vocal cords or larynx; unilateral or bilateral, partial; or
  21. Laryngeal spasm; or
  22. Torticollis, unspecified (including cervical dystonia); or
  23. Spasm of muscle (including upper and lower limb spasticity); or
  24. Other musculoskeletal symptoms referable to limbs; or
  25. Certain congenital musculoskeletal deformities of sternocleidomastoid muscle; or
  26. Abnormal involuntary movements; or
  27. Voice and resonance disorder, unspecified; or
28. Dysphonia; or 
29. Other voice and resonance disorders; and

• Failure of, intolerance to or unable to receive conventional medical therapy (e.g., physical therapy, medication).

V. Sialorrhea: The Company considers botulinum toxin (HCPCS Codes J0585, J0586, J0587 and J0588) medically necessary and eligible for reimbursement providing that all of the following medical criteria are met:

• Disability from sialorrhea due to conditions such as Parkinson’s disease or motor neuron disease; and
• Failure of, intolerance to or unable to receive a trial of conventional medical therapy, including but not limited to, anticholinergics and speech therapy.

VI. Urinary Incontinence: The Company considers botulinum toxin (HCPCS Codes J0585, J0586, J0587 and J0588) medically necessary and eligible for reimbursement providing that all of the following medical criteria are met:

• Urinary incontinence due to neurogenic detrusor overactivity or overactive bladder; and
• Failure of, intolerance to or unable to receive anticholinergic therapy.

NOTE: Treatment of brow furrows, wrinkles, forehead creases or other skin lines is considered cosmetic and not eligible for reimbursement. Submitted documentation is required for more than one treatment session within an 84 day period. Determination of medical necessity and allowance of coverage will be made by the Chief Medical Officer or qualified physician reviewer.

Dosing: Dosing regimen is individualized; however, the prescribing information states that for adults, do not exceed a total maximum dose.

Dose of J0585 ONABOTULINUMTOXINA should not exceed 600 units
Dose of J0586 ABO BOTULINUM TOXIN A should not exceed 1500 units
Dose of J0587 RIMABOTULINUMTOXINB should not exceed 30,000 units
Dose of J0588 INCOBOTULINUMTOXIN A should not exceed 600 units

Approval Duration: 365 days (1 year) unless noted elsewhere in the policy.

Conditions Not Recommended for Approval
Botulinum toxin has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)
1. **Cosmetic Uses** (e.g., facial rhytides, frown lines, glabellar wrinkling, horizontal neck rhytides, mid and lower face and neck rejuvenation, platysmal bands, rejuvenation of the periorbital region). Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical medical benefit.

2. **Fibromyalgia.** More data are needed to define the place in therapy of botulinum toxin in the treatment of fibromyalgia. A small pilot study involving 16 patients concluded botulinum toxin A injections into fibromyalgia trigger points offered more relief (up to 16 weeks minimum) compared with local saline or anesthetic injections; it was concluded Botox is effective in the treatment of fibromyalgia. Other small studies have shown effectiveness of Botox in pain relief post injection. botulinum toxin is not mentioned in guidelines for the treatment of fibromyalgia.

3. **Gastroparesis.** The ACG issued clinical guidelines on the management of gastroparesis (2013). ACG does not recommend the use of botulinum toxin injected into the pylorus as a treatment for gastroparesis. This is based on two double-blind, placebo-controlled studies which did show some improvement in gastric emptying, but no improvement in symptoms compared with placebo.

4. **Vaginismus.** More data are needed to define the place in therapy of botulinum toxin in the treatment of vaginismus. The use of botulinum toxin for the treatment of vaginismus has been evaluated in a few small studies with successful outcomes.

5. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

**Documentation Requirements:**

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

**Sources of Information:**

Drug Policy

- Xeomin® for injection [prescribing information]. Greensboro, NC: Merz Pharmaceuticals, LLC; December 2015.

International Headache Society Criteria for Migraine Diagnosis (ICHD-3) for Chronic Migraine

A. Headache (tension-type-like and/or migraine-like) on ≥ 15 days per month for > 3 months and fulfilling criteria B and C;

B. Occurring in a patient who has had at least five attacks fulfilling criteria B-D for 1.1 Migraine without aura and/or criteria B and C for 1.2 migraine with aura;

C. On ≥ 8 days per month for > 3 months, fulfilling any of the following:
   1. Criteria C and D for 1.1 Migraine without aura; or
   2. Criteria B and C for 1.2 Migraine with aura; or
   3. Believed by the patient to be migraine at onset and relieved by a triptan or ergot derivative;

D. Not better accounted for by another ICHD-3 diagnosis.
### Migraine without aura

A. At least five attacks fulfilling criteria B–D

B. Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated)

C. Headache has at least two of the following four characteristics:
   1. unilateral location
   2. pulsating quality
   3. moderate or severe pain intensity
   4. aggravation by or causing avoidance of routine physical activity (e.g. walking or climbing stairs)

D. During headache at least one of the following:
   1. nausea and/or vomiting
   2. photophobia and phonophobia

E. Not better accounted for by another ICHD-3 diagnosis.

### Migraine with aura

A. At least two attacks fulfilling criteria B and C

B. One or more of the following fully reversible aura symptoms:
   1. visual
   2. sensory
   3. speech and/or language
   4. motor
   5. brainstem
   6. retinal

C. At least three of the following six characteristics:
   1. at least one aura symptom spreads gradually over ≥5 minutes
   2. two or more aura symptoms occur in succession
   3. each individual aura symptom lasts 5-60 minutes
   4. at least one aura symptom is unilateral
   5. at least one aura symptom is positive
   6. the aura is accompanied, or followed within 60 minutes, by headache

D. Not better accounted for by another ICHD-3 diagnosis

---

### Appendix 2

**International Headache Society Criteria for Migraine Diagnosis (ICHD-3) for Migraine (Episodic)**

<table>
<thead>
<tr>
<th>Migraine without aura</th>
<th>Migraine with aura</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. At least five attacks fulfilling criteria B–D</td>
<td>A. At least two attacks fulfilling criteria B and C</td>
</tr>
</tbody>
</table>
| B. Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated) | B. One or more of the following fully reversible aura symptoms:
   1. visual
   2. sensory
   3. speech and/or language |
| C. Headache has at least two of the following four characteristics: | |
|   1. unilateral location
   2. pulsating quality
   3. moderate or severe pain intensity
   4. aggravation by or causing avoidance of routine physical activity (e.g. walking or climbing stairs) | |
| D. During headache at least one of the following:
   1. nausea and/or vomiting
   2. photophobia and phonophobia | |
| E. Not better accounted for by another ICHD-3 diagnosis. | |

---

1. unilateral location
2. pulsating quality
3. moderate or severe pain intensity
4. aggravation by or causing avoidance of routine physical activity (e.g. walking or climbing stairs)

D. During headache at least one of the following:
1. nausea and/or vomiting
2. photophobia and phonophobia

E. Not better accounted for by another ICHD-3 diagnosis.

C. At least three of the following six characteristics:
1. at least one aura symptom spreads gradually over ≥5 minutes
2. two or more aura symptoms occur in succession
3. each individual aura symptom lasts 5-60 minutes
4. at least one aura symptom is unilateral
5. at least one aura symptom is positive
6. the aura is accompanied, or followed within 60 minutes, by headache

D. Not better accounted for by another ICHD-3 diagnosis

**FOR MEDICAL BENEFIT COVERAGE REQUESTS:**

Prior approval is required for HCPCS Codes J0585, J0586, J0587 and J0588.

Edits and Denials:

**Prior approval:**  Prior approval is required for botulinum toxin type A (HCPCS Codes J0585, J0586 and J0588) and botulinum toxin type B (HCPCS Code J0587). Requests for prior approval for botulinum toxin type A (HCPCS Codes J0585, J0586 and J0588) or botulinum type B (HCPCS Code J0587) will be authorized by a nurse reviewer if submitted documentation meets criteria outlined within the Corporate Medical Policy.

Dose of J0585 ONABOTULINUMTOXINA should not exceed 600 units
Dose of J0586 ABO BOTULINUM TOXIN A should not exceed 1500 units
Dose of J0587 RIMABOTULINUMTOXINB should not exceed 30,000 units
Dose of J0588 INCOBOTULINUMTOXIN A should not exceed 600 units

**TOPPS:** Claims received with HCPCS Codes J0585, J0586, J0587 and J0588 will edit with Remark Code M3M or M4M and will be adjudicated according to the Corporate Medical Policy. Claims received with an invalid provider specialty code will be rejected with Remark Code M7C†.
NOTE: Claims received with a chemodenervation code (CPT Codes 46505, 64650-64653, 64612-64614, 67345 or 95873-95874) billed with a botulinum toxin code, should process (allow or reject) the same as the botulinum toxin code.

†Providers listed below are considered invalid:

- Critical Care Medicine
- Podiatrist
- Hearing aid
- Genetic Counselor
- ABA Therapist
- Orthotic and Prosthetic Supplier
- Durable Medical Equipment Supplier
- Home Health Agency
- Nurse Midwife
- CRNA
- Ambulance supplier
- Public Health or Welfare Agency
- Volunteer health or charitable agencies
- Psychologist
- Portable x-ray
- Audiolist, speech therapist
- Physical therapist
- Hospital and nursing homes
- Medicaid transport provider
- Independent laboratory
- Occupational Therapy
- Orthodontist
- Optometrist
- Optician
- Chiropractor
- General dentistry
- Pedodontist
- Perodontist
- Endodontist
- All other drug and department stores
- Christian scientist
- Federally Qualified Health Center (FQHC)
- Diagnostic Lab
- Prosthodontist
- Naturopath
- Licensed Professional Clinical Counselor
- Nursing Services
- Unassigned
- Pharmacy
- Vocational Case Manager
- Athletic Trainer
- Sleep Diagnostics
- Sports Medicine
- Non Payable Provider

Liability: A participating provider will be required to write off charges denied as not medically necessary and not diagnostically related.

A provider may bill a member for charges denied as cosmetic.

<table>
<thead>
<tr>
<th>HCPCS Code(s):</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0585</td>
<td>Injection, onabotulinumtoxinA, 1 unit</td>
</tr>
<tr>
<td>J0586</td>
<td>Injection, abobotulinumtoxinA, 5 units</td>
</tr>
<tr>
<td>J0587</td>
<td>Injection, rimabotulinumtoxinB, 100 units</td>
</tr>
<tr>
<td>J0588</td>
<td>Injection, incobotulinumtoxin A, 1 unit</td>
</tr>
</tbody>
</table>