

**CRITERIA FOR PRIOR AUTHORIZATION**

**Botulinum Toxins**

<b>PROVIDER GROUP</b>	Pharmacy Professional
<b>MANUAL GUIDELINES</b>	The following drug requires prior authorization: OnabotulinumtoxinA (Botox®) AbobotulinumtoxinA (Dysport®) RimabotulinumtoxinB (Myobloc®) IncobotulinumtoxinA (Xeomin®)

**CRITERIA FOR ONABOTULINUMTOXINA:** (must meet one of the following)

- Prophylaxis of headaches in patients with chronic migraines ( $\geq 15$  days per month with a headache lasting 4 hours a day or longer)
  - Patient must try and fail, have intolerance to, or have contraindication to 2 or more preventive therapies after titration to maximum tolerated doses. Preventive therapies include but are not limited to beta-blockers, calcium channel blockers, anticonvulsants, and antidepressants
- Treatment of upper limb spasticity in elbow, wrist, finger, or thumb flexors
- Treatment of lower limb spasticity in adult patients to decrease the severity of increased muscle tone in ankle or toe flexors
- Treatment of cervical dystonia
- Treatment of severe primary axillary hyperhidrosis that is inadequately managed with topical agents
- Treatment of blepharospasm associated with dystonia or strabismus
- Treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency or urinary incontinence due to detrusor overactivity associated with a neurologic condition (e.g., spinal cord injury or multiple sclerosis)
  - Patient must try and fail, have intolerance to, or have contraindication to 2 or more anticholinergic or oral beta-3 agonist medications at the maximum tolerated dose for at least 30 days

**CRITERIA FOR RIMABOTULINUMTOXINB:** (must meet the following)

- Treatment of cervical dystonia

**CRITERIA FOR ABOBOTULINUMTOXINA:** (must meet one of the following)

- Treatment of cervical dystonia
- Treatment of upper limb spasticity
- Treatment of lower limb spasticity

**CRITERIA FOR INCOBOTULINUMTOXINA:** (must meet one of the following)

- Treatment of cervical dystonia
- Treatment of blepharospasm in adults previously treated with onabotulinumtoxinA
- Treatment of upper limb spasticity

**Initial authorization will be approved for 6 months.** Subsequent authorizations will be granted for up to 2 injections in 6 months; injections must be at least 12 weeks apart.

**Note:** Use of Botulinum Toxins will **NOT** be approved for cosmetic purposes.

PA Criteria

Policy/Clarification Number: E2003-053

---

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

---

DATE

---

PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

---

DATE