

Botox® (onabotulinumtoxinA)

When requesting Botox® (onabotulinumtoxinA), the individual requiring treatment must be diagnosed with one of the following FDA-approved indications or approved off-label compendial uses and meet the specific coverage guidelines for the covered indication.

FDA-Approved Indications

Botox (onabotulinumtoxinA) is indicated for the treatment of:

- Overactive bladder
- Urinary incontinence due to detrusor overactivity
- Chronic migraine prophylaxis
- Upper and lower limb spasticity in patients 2 years of age and older
- Cervical dystonia
- Primary axillary hyperhidrosis
- Blepharospasm
- Strabismus

Approved Off-label Compendial Uses

- Excessive salivation
- Achalasia
- Hemifacial spasm
- Anal fissure
- Spasmodic dysphonia
- Oromandibular dystonia

Coverage Guidelines

Overactive bladder

The individual must meet the following criteria for approval:

- Had an inadequate response or intolerance to an anticholinergic medication;
- Does not have a urinary tract infection;
- Does not have urinary retention with the exception of individuals who are routinely performing clean intermittent self-catheterization.

Urinary incontinence

The individual must meet the following criteria for approval:

- Urinary incontinence is due to detrusor overactivity associated with a neurologic condition (e.g., spinal cord injury, multiple sclerosis, spina bifida);
- Had an inadequate response or intolerance to an anticholinergic medication;
- Does not have a urinary tract infection;

- Does not have urinary retention with the exception of individuals who are routinely performing clean intermittent self-catheterization.

Chronic migraine prophylaxis

The individual must meet the following criteria for approval:

- Botox is being used for prophylaxis of migraine headaches;
- Had an inadequate response to at least 2 agents used for the prevention of chronic migraine (e.g., antidepressants, beta-blockers, anticonvulsant, or triptans);
- For initial authorization, the individual is experiencing at least 15 headache days per month that last 4 hours a day or longer;
- For reauthorization, the individual must show therapeutic benefit with use defined as a 50% reduction in frequency of headache days per month.

Upper/lower limb spasticity

For reauthorization, the individual must show therapeutic benefit with Botox use (e.g. reduction of muscle stiffness).

Primary axillary hyperhidrosis

The individual must meet the following criteria for approval:

- Has been evaluated for potential causes of secondary hyperhidrosis to avoid symptomatic treatment of hyperhidrosis;
- Condition is refractory to at least one topical agent.

Achalasia

The individual had a poor response to pneumatic dilatation or is not a surgical candidate.

Anal fissure

The individual failed conservative therapy (e.g. sitz baths, topical anesthetics, and increased dietary fiber).

Approval duration:

Initial authorization: Migraine 6 months, all other indications 12 months

Reauthorization: 12 months

Dosing Recommendations

Adult detrusor overactivity associated with a neurologic condition

The recommended total dose is 200 units, administered not more frequently than once every 12 weeks.

Pediatric detrusor overactivity associated with a neurologic condition

Patients weigh greater than or equal to 34 kg: the recommended total dose is 200 units, administered not more frequently than once every 12 weeks.

Patients weigh less than 34 kg: the recommended total dose is 6 units/kg, administered not more frequently than once every 12 weeks.

Overactive bladder

The recommended total dose is 100 units, administered not more frequently than once every 12 weeks.

Chronic migraine headache prophylaxis

The recommended total dose is 155 units, administered not more frequently than once every 12 weeks.

Adult upper/lower limb spasticity

The recommended total dose is up to 400 units divided among affected muscles, administered not more frequently than once every 12 weeks.

Pediatric upper limb spasticity

The recommended total dose is 3 units/kg to 6 units/kg (maximum 200 units) divided among affected muscles, administered not more frequently than once every 12 weeks.

Pediatric lower limb spasticity

The recommended total dose is 4 units/kg to 8 units/kg (maximum 300 units) divided among affected muscles, administered not more frequently than once every 12 weeks.

Cervical dystonia

The recommended dose is 198 units to 300 units, divided among affected muscles, administered not more frequently than once every 3 months.

Primary axillary hyperhidrosis

The recommended dose is 50 units per axilla, administered not more frequently than once every 3 months.

Blepharospasm

The recommended dose is 1.25 units-2.5 units into each of 3 sites per affected eye, administered not more frequently than once every 3 months.

Strabismus

The recommended maximum dose is 25 units in any one muscle, administered not more frequently than once every 3 months.

Excessive salivation

The recommended maximum dose is 100 units (50 units per side), administered not more frequently than once every 16 weeks.

Hemifacial spasm

The recommended dose is 12 units to 15 units, divided among affected areas, up to a maximum dose of 25 units, administered not more frequently than once every 3 months.

Achalasia

The recommended maximum dose is 100 units into the lower esophageal sphincter, administered not more frequently than once every 3 months.

Chronic anal fissure

The recommended maximum dose is 150 units, administered not more frequently than once every 3 months.

Spasmodic dysphonia (Laryngeal dystonia)

The recommended dose 1.25 units to 5 units into affected muscles, up to a maximum dose of 25 units, administered not more frequently than once every 3 months.

Oromandibular dystonia

The recommended maximum dose is 400 units, administered not more frequently than once every 3 months.

References

1. Botox® for injection [prescribing information]. Madison, NJ: Allergan; July 2021.
2. Bhidayasiri R, Truong DD. Expanding use of botulinum toxin. *J Neurol Sci.* 2005;235(1-2):1-9.
3. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache.* 2019;59:1-18.
4. Vaezi MF, Pandolfino JF, Vela MF. ACG clinical guideline: diagnosis and management of achalasia. *Am J Gastroenterol.* 2013;108(8):1238-1249. Available at: <http://gi.org/guideline/diagnosis-and-management-of-achalasia/>. Accessed on May 27, 2020.
5. Wald A, Bharucha AE, Cosman BC, et al. ACG clinical guideline: management of benign anorectal disorders. *Am J Gastroenterol.* 2014;109(8):1141-57. Available at: <http://gi.org/guideline/management-of-benign-anorectal-disorders/>. Accessed on May 27, 2020.
6. Stachler RJ, Francis DO, Schwartz SR, et al. Clinical practice guideline: hoarseness (dysphonia). *Otolaryngology – Head and Neck Surgery.* 2018;Supplement:1-42. Available at: <https://journals.sagepub.com/doi/pdf/10.1177/0194599817751030>. Accessed on May 27, 2020.
7. Cheng CM, Chen JS, Patel RP. Unlabeled uses of botulinum toxins: A review, part 1. *Am J Health Syst Pharm.* 2006;63(2): 145–152.
8. Kao LY, Chao AN. Subtenon injection of botulinum toxin for treatment of traumatic sixth nerve palsy. *J Pediatr Ophthalmol Strabismus.* 2003;40(1):27-30.
9. Hung HL, Kao LY, Sun MH. Botulinum toxin treatment for acute traumatic complete sixth nerve palsy. *Eye.* 2005;19(3):337-341.
10. Lakraj AA, Moghimi N, Jabbari B. Sialorrhea: anatomy, pathophysiology and treatment with emphasis on the role of botulinum toxin. *Toxins.* 2013;5:1010-1031.
11. Simpson DM, Hallett 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. Available at: <http://www.neurology.org/content/86/19/1818.full>. Accessed on May 27, 2020.
12. OnabotulinumtoxinA (Botox®). Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Updated; May 16, 2021; Accessed June 2, 2021.
13. Vashishta R, Nguyen SA, White DR, Gillespie MB. Botulinum toxin for the treatment of sialorrhea: a meta-analysis. *Otolaryngol Head Neck Surg.* 2013;148(2):191-196.