

Botulinum Toxins (BoNT)

Goal(s):

- Approve BoNT only for funded OHP diagnoses which are supported by the medical literature (e.g. various dystonias and spasticity associated with certain neurological diseases).

Length of Authorization:

- 90 days up to lifetime

Requires PA:

Use of BoNT without associated dystonia or neurological disease diagnosis in last 12 months (i.e. 333.6x, 333.7x, 333.81, 333.83, 333.89, 340.xx, 341.0, 342.xx, 343.xx, 344.0x, 344.1, 344.2, 344.4x, 344.5, or 378.73)

HSN	Generic Drug Name
004867	ONABOTULINUMTOXINA (BOTOX, BOTOX COSMETIC)
036477	ABOBOTULINUMTOXINA (DYSPORT)
021869	RIMABOTULINUMTOXINB (MYOBLOC)
036687	INCOBULINUMTOXINA (XEOMIN)

ProcCode	Descriptions
J0585	Injection, onabotulinumtoxinA, 1 unit
J0586	Injection, abobotulinumtoxinA, 5 units
J0587	Injection, rimabotulinumtoxinB, 100 units
J0588	Injection, incobotulinumtoxinA, 1 unit

Covered Alternatives:

Preferred alternatives listed at www.orpdl.org

Approval Criteria

1. What diagnosis is being treated?

Record ICD-9 Code

Approval Criteria

<p>2. Does client have diagnosis of certain dystonias or spasticity associated with other neurological diseases that make BoNT a first-line treatment option?</p> <p>Examples:</p> <p>333.6x (genetic torsion dystonia) 333.7x (acquired torsion dystonia), 333.81 (blepharospasm) 333.83 (spasmodic torticollis) 333.89 (other fragments of torsion dystonia) 438.2x – 432.5x (paralysis associated with CVD) 340.xx (multiple sclerosis) 341.0 (neuromyelitis optica) 342.xx (spastic hemiplegia, other specified hemiplegia), 343.xx (cerebral palsy), 344.0x (quadriplegia and quadraparesis), 344.1 (paraplegia), 344.2 (diplegia of upper limbs) 344.3x (monoplegia of lower limb) 344.4x (monoplegia of upper limb) 344.5 (unspecified monoplegia) 344.89 (other specified paralytic syndrome) 359.0x – 359.2x (muscular dystrophies) 378.73 (strabismus in other neuromuscular disorders)</p>	<p>Yes: Approve for lifetime (until 12-31-2036)</p>	<p>No: Go to #3</p>
<p>3. Does client have diagnosis of chronic migraine based on clinical symptoms; at least 15 headache days per month, of which, at least 8 of those days are considered migraine days?</p>	<p>Yes: Go to #6</p>	<p>No: Go to #4</p>
<p>4. Does client have diagnosis of detrusor over-activity (596.5x) e.g. idiopathic detrusor over-activity (IDO) also called “overactive bladder syndrome” or neurogenic detrusor over-activity (NDO). ?</p>	<p>Yes: Go to #7</p>	<p>No: Go to #5</p>

Approval Criteria

5. Does client have any of the following diagnoses?

Insufficient evidence of benefit:

787.2x (dysphagia)
 333.xx (other extrapyramidal disease and abnormal movement disorders excluding 333.6x, 333.7x, 333.81, 333.83, 333.89 and 333.82, 333. 84, 333.94-333.99)
 378 excluding 378.73 (other disorders of binocular eye movements (e.g. esotropia, exotropia, mechanical strabismus, sixth nerve palsy)
 307.2x (tics)
 478.75 (laryngeal spasm),
 723.0 and 723.4 (Spinal stenosis in cervical region or Brachial neuritis or radiculitis NOS)
 728.85 (spasm of muscle [in absence of neurological diagnoses]),
 727.81 (contracture of tendon – sheath [in absence of neurological diagnoses])
 335.20 (amyotrophic sclerosis),
 724.00-724.09, 724.4 (clinically significant spinal deformity or disorders of spine with neurological impairment)
 600.xx (hyperplasia of prostate),

Unfunded OHP condition:

333.82, 333. 84, 333.94-333.99 (neurologic conditions with no or minimally effective treatment or not treatment is necessary)
 351.xx (facial nerve disorders),
 478.79 (spastic dysphonia)
 565.0 (anal fissure),
 705.xx (disorders of sweat glands e.g. focal hyperhidrosis),
 723.xx except 723.4 (other disorders of cervical region),
 705.0-705.1,705.21-705.9,780.8 (disorders of sweat glands)
 724.1, 724.2, 724.4-724.6, 727.70-724.9 (acute and chronic disorders of the spine without neurologic impairment)
 729.0-729.2 (disorders of soft tissue)
 307.81,339.10-339.89,784. (tension headaches)
 536.3 (gastroparesis),

Yes: Pass to RPH; Deny

(Medical Appropriateness)

(Condition not funded by OHP)

No: Go to #8

Approval Criteria

<p>6. Has the client not responded or are they contraindicated to at least one drug in three of the following drug classes?</p> <ul style="list-style-type: none"> • B-blocker (metoprolol, atenolol, nadolol, propranolol, timolol) • Tricyclic antidepressant (nortriptyline, amitriptyline) • Anticonvulsant (valproic acid, divalproate, carbamazepine, topiramate, gabapentin) • Calcium Channel Blocker (verapamil, diltiazem, nimodipine) 	<p>Yes: Approve for 180 days with subsequent approvals dependent on documented* positive response for annual approval. *Documented response means that follow-up and response is noted in client's chart by clinic staff.</p>	<p>No: Pass to RPH; Deny (Medical Appropriateness) and recommend trial of preferred alternatives (www.orpdl.org).</p>
<p>7. Has the client tried or are they contraindicated to at least two of the following urinary incontinence antimuscarinic therapies? (e.g. fesoterodine, oxybutynin, solifenacin, darifenacin, tolterodine, trospium)</p>	<p>Yes: Approve for 90 days with subsequent approvals dependent on documented* positive response for annual approval. *Documented response means that follow-up and response is noted in client's chart by clinic staff.</p>	<p>No: Pass to RPH; Deny (Medical Appropriateness) and recommend trial of preferred alternatives (www.orpdl.org).</p>
<p>8. Pass to pharmacist to evaluate for evidence support and OHP funding level.</p>	<p>Yes: Approve for 90 days with subsequent approvals dependent on documented* positive response for annual approval. *Documented response means that follow-up and response is noted in client's chart by clinic staff.</p>	<p>No: Pass to RPH; Deny (Medical Appropriateness)</p>

P&T / DUR Action: 7/31/2014; 9/27/2014

Revision(s):

Initiated: