



Drug Name: Botox (onabotulinumtoxinA)  
 Date: 9-2017

Drug Name:	Botox (onabotulinumtoxinA)
Prescriber Restrictions:	
Age Restrictions:	
Exclusion Criteria:	
Required Medical Information:	<ul style="list-style-type: none"> <li>• Patient is being treated for blepharospasm or strabismus or</li> <li>• Patient is being treated for dystonia or</li> <li>• Patient is being treated for spasticity and has not responded to traditional therapy (e.g. oral antispasmodic agents baclofen, dantrolene) or</li> <li>• Patient is being treated for chronic migraine and meets the following criteria:             <ul style="list-style-type: none"> <li>○ <math>\geq 15</math> headache days/month lasting <math>\geq 4</math> hours each and</li> <li>○ Failure of <math>\geq 2</math> prophylactic agents from different drug classes of appropriate dose and duration (<math>\geq 2</math> months each) due to inadequate response and/or intolerance and</li> <li>○ Headaches are not resultant of medication overuse (i.e. rebound headaches)</li> <li>○ Renewal requests must demonstrate a decrease in <math>\geq 7</math> headache days/month following initiation of therapy OR</li> </ul> </li> <li>• Patient is being treated for hyperhidrosis and meets the following criteria:             <ul style="list-style-type: none"> <li>○ Patient is diagnosed with severe axillary hyperhidrosis and</li> <li>○ Patient has failed a recent trial of aluminum chloride of appropriate dose and duration due to inadequate response and/or intolerance and</li> <li>○ Patient has failed a recent trial of <math>\geq 1</math> oral anticholinergic of appropriate dose and duration due to inadequate response and/or intolerance and</li> <li>○ Documentation is provided of inability to perform age-appropriate daily activities and</li> <li>○ Patient has a Hyperhidrosis Disease Severity Scale (HDSS) score of 3-4 prior to initiation of therapy</li> <li>○ Renewal requests must demonstrate an improvement of patient's HDSS score by <math>\geq 2</math> following initiation of therapy OR</li> </ul> </li> </ul>

<p>Required Medical Information (continued):</p>	<ul style="list-style-type: none"> <li>• Patient is being treated for overactive or neurogenic bladder and meets the following:             <ul style="list-style-type: none"> <li>○ Patient has &gt;8 urinations/24 hours and</li> <li>○ Patient has ≥2 urinary incontinence episodes/24 hours and</li> <li>○ Patient has failed of ≥3 antimuscarinic agents, one of which must be a long-acting agent, of appropriate dose and duration due to inadequate response and/or intolerance and</li> <li>○ Patient is able or willing to self-catheterize and</li> <li>○ Patient is not prone to urinary tract infections</li> </ul> </li> </ul> <p>Renewal requests must demonstrate a decrease of ≥2 urinary incontinence episodes/day following initiation of therapy</p>
<p>Coverage duration:</p>	<p><b>Blepharospasm, strabismus, dystonia and spasticity: 12 months</b>  <b>Chronic migraine, hyperhidrosis, and overactive neurogenic bladder:</b></p> <ul style="list-style-type: none"> <li>○ Initial: 3 months</li> <li>○ Renewals: 12 months</li> </ul>