I. POLICY

It is the policy of UPMC Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, as defined in CRM.015-Medical Necessity, and approval by the Pharmacy and Therapeutics Committee of the criteria for prior authorization, as described in RX.003-Prior Authorization Process.

The drugs Botulinum Toxin A (Botox) and B (Myobloc) are subject to the prior authorization process.

II. DEFINITIONS

N/A

III. PURPOSE

The purpose of this policy is to define the Prior Authorization Process for Botulinum Toxin A (Botox) and B (Myobloc).

IV. SCOPE

This policy applies to the Pharmacy Services Department.
V. **PROCEDURE**

1. **Criteria for Botulinum A Toxin**
   a. UPMC Health Plan covers Botox for the medical treatment of cervical dystonia, strabismus, and blepharospasm. Other uses have been identified and are considered covered uses by UPMC Health Plan. These are as follows:
      i. Idiopathic torsion dystonia
      ii. Symptomatic torsion dystonia
      iii. Blepharospasm
      iv. Orofacial dyskinesia
      v. Spasmodic torticollis
      vi. Organic writer’s cramp
     vii. Fragments of torsion dystonia, other
     viii. Hereditary spastic paraplegia
      ix. Spasticity or hypertonia due to
          1) Multiple sclerosis
          2) Other demyelinating disease of central nervous system, including
          3) Central demyelination of corpus callosum
          4) Central pontine myelinosis
          5) Marchiafava (-Bignami) disease
          6) Demyelinating disease of central nervous system, unspecified
          7) Infantile cerebral palsy
          8) Other specified infantile cerebral palsy
          9) Infantile cerebral palsy, unspecified
     x. Neuromyelitis optica
     xi. Schilder’s disease
     xii. Spastic hemiplegia, affecting dominant side
     xiii. Spastic hemiplegia, affecting nondominant side
     xiv. Other facial nerve disorders
     xv. Esotropia
     xvi. Exotropia
     xvii. Intermittent heterotropia
     xviii. Other and unspecified heterotropia
     xix. Heterophoria
     xx. Esophoria
     xxi. Exophoria
     xxii. Cyclophoria
     xxiii. Third or oculomotor nerve palsy
     xxiv. Fourth or trochlear nerve palsy
     xxv. Sixth or abducens nerve palsy
     xxvi. Ophthalmoplegia
     xxvii. Paralytic strabismus
     xxviii. Mechanical strabismus
     xxix. Other specified strabismus
     xxx. Other disorder of binocular eye movements
     xxxi. Unspecified disorder of eye movements
     xxxii. Laryngeal spasm
Other diseases of larynx, not elsewhere defined
Achalasia and cardiospasm
Anal fissure
Torticollis, unspecified
Spasm of muscle

b. UPMC Health Plan will also cover Botox for the medical treatment of severe primary axillary hyperhidrosis that is inadequately managed by topical agents. The intent of the policy is to limit this medication in the use of hyperhidrosis to those members who have significant disruption in their professional and/or social life because of excessive sweating. Members must meet the following criteria:

- A dermatologist must be prescribing
- Member must have a diagnosis of severe primary axillary hyperhidrosis
- Member must have tried 10-20% topical aluminum chloride with an inadequate response or adverse effect of a severe rash

2. **Criteria for Botulinum B Toxin**

UPMC Health Plan covers Botulinum B Toxin for the medical treatment of cervical dystonia and spasmodic torticollis.

If the above criteria are met, authorization will be granted for 1 course of treatment in a 3-month period for each different diagnosis as initial therapy.

**Reauthorization Criteria:**
Additional authorization at 1-year intervals may be granted upon review of chart documentation from the prescriber indicating that the member’s condition has improved as a result of therapy.

**Limitations:**
If the established criteria are not met, the prior authorization request will be referred to the UPMC Health Plan Medical Director.

**VI. BIBLIOGRAPHY**


