Policy and Procedure	
PHARMACY PRIOR AUTHORIZATION POLICY AND CRITERIA ORPTCNEU030.0821	**NEUROMUSCULAR DRUGS** **BOTULINUM TOXIN** See FDA Approved Indications for Covered Drugs
Effective Date: 10/1/2021 **Robert Gluckman, M.D.** **Chief Medical Officer**	Review/Revised Date: 05/19, 08/19, 11/19 (JN), 03/20, 04/20), 01/21, 07/21 (JLS P&T Committee Meeting Date: 06/19, 08/19, 10/19, 12/19, 02/20, 04/21, 08/21 Original Effective Date: 09/19 Approved by: Oregon Region Pharmacy and Therapeutics Committee Page 1 of 8

SCOPE:
Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

APPLIES TO:
Medicare Part B

POLICY CRITERIA:

COVERED USES:
All Food and Drug Administration (FDA) approved and selected medically accepted indications not otherwise excluded from the benefit, as outlined below.

The criteria outlined below is adapted from the Centers for Medicare & Medicaid Services (CMS) Local Coverage Determination (LCD) criteria – LCD35172

REQUIRED MEDICAL INFORMATION:
Each botulinum toxin product is pharmacologically and clinically distinct, and therefore, not interchangeable with any other botulinum toxin product. As a result, approved indications for the two toxins differ… **it is the responsibility of providers to use each drug in accordance with the FDA approved indications unless there are valid and documented reasons stating why the unapproved/off label form is used. "Providers should consult the package insert of each neurotoxin to identify the FDA approved indications for each product."**

1. Documentation that the patient has been unresponsive to conventional methods of treatments such as medication, physical therapy and other appropriate methods used to control and/or treat spastic conditions.
    - An exception to this general rule is that for certain treatments including focal dystonia, hemifacial spasm, orofacial dyskinesia, blepharospasm, severe writer's cramp, laryngeal spasm, or dysphonia, Botulinum toxin can

be an initial mode of therapy, and in these circumstances it is not necessary to show that other methods of treatment have been tried and proven unsuccessful.

2. For certain spastic conditions (e.g., cerebral palsy, stroke, head trauma, spinal cord injuries and multiple sclerosis), coverage will be limited to those conditions listed in the Covered ICD-10-CM section of the LCD.
3. Botulinum toxin can be used to reduce spasticity or excessive muscular contractions to relieve pain, to assist in posturing and walking, to allow better range of motion, to permit better physical therapy, and to reduce severe spasm in order to provide adequate perineal and palmar hygiene.
4. Botulinum toxin has indications for overactive bladder and severe primary axillary hyperhidrosis,
5. Due to the rarity of severe organic writer's cramp, Medicare would not expect to see the treatment of this condition billed frequently.
6. There may be patients who require Electromyography (EMG) in order to determine the proper injection site(s). The electromyography procedure codes specified in the HCPCS section of this policy may be covered if the physician has difficulty in determining the proper injection site(s). It should be noted that needle electromyographic procedures include the interpretation of electrical waveforms measured by equipment that produces both visible and audible components of electrical signals recorded from the muscle(s) studied by the needle electrode. Electromyography equipment must be capable of showing both visual and auditory components of the electrical activity produced by and recorded from within muscle tissue by the needle electrode for myopathy or neuropathy diagnosis. For purposes of botulinum injection guidance, the EMG tools that have audible output alone are sufficient.
7. For the appropriate initial and total doses of Botulinum toxins please consult the FDA, manufacturers' recommendations or the AHFS.
8. Coverage of treatments provided may be continued unless any two treatments in a row, utilizing an appropriate or maximum dose of a Botulinum toxin, fail to produce a satisfactory clinical response. In such situations it may be appropriate to use an alternative Botulinum toxin **once** in order to determine if a more satisfactory response can be obtained. Providers must also document the results of and response to these injections.
9. Requests may be considered for redetermination (formerly appeal) for continued treatment during a treatment period or for resumption at a later date if satisfactory results have not been obtained and compelling clinical evidence of medical necessity for continued treatment is presented.
10. Medicare will allow payment for one injection per site regardless of the number of injections made into the site. A site is defined as including muscles of a single contiguous body part, such as a single limb, single eyelid, side of the face, side of the neck, both vocal cords, etc.

11. For treatment of achalasia and cardiospasm, Botulinum toxin should be used only after one or more of these conditions have been met and documented:
    - The patient has failed conventional therapy.
    - The patient is at high risk of complications from pneumatic dilation or surgical myotomy.
    - The patient who refuses surgical myotomy or balloon dilation, in reference to a less invasive risky procedure.
    - A prior myotomy or dilatation has failed
    - A prior dilatation caused an esophageal perforation.
    - The patient has an epiphrenic diverticulum or hiatal hernia, both of which increase the risk of dilatation induced perforation.
12. Botulinum Toxin is covered for prophylaxis of headaches in adult patients with chronic migraine (greater than or equal to 15 days per month with headache lasting four hours a day or longer).
13. It is also covered for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication.
14. Treatment of skin wrinkles ICD-10 CM code L11.8,L57.2, L57.4, L66.4, L87.1, L90.3, L90.4, L92.2, L94.8, L98.5, L98.6 using Botulinum toxin is cosmetic and is not covered by Medicare.
15. Acceptance of Botulinum Toxin has not been established for the following conditions (USP DI 2006):
    - Deviations over 50 prism diopters
    - Restrictive strabismus
    - Chronic paralytic strabismus except to reduce antagonist contracture in conjunction with surgical repair
    - Duane’s syndrome with lateral rectus muscle weakness
    - Recurrent temporomandibular joint (TMJ) disorder
16. Anal spasm, irritable colon, biliary dyskinesia, or any treatment of spastic conditions not listed as covered in this policy are considered to be cosmetic, investigational, or not safe and effective.
17. The use of Botulinum toxin to treat muscle tension is considered not proven effective.
18. Due to the short life of Botulinum toxin, Medicare will reimburse the unused portion of these drugs only when vials are not split between patients. Use modifier JW to code for drug wastage on a separate line of the claim form. The documentation must show in the patient's medical record the exact dosage of the drug given, exact amount and reason for unavoidable wastage, and the exact amount of the discarded portion of the drug.
19. Scheduling of more than one patient is encouraged to prevent wastage of Botulinum toxins. If a vial is split between two patients, the billing in these

instances must be for the exact amount of Botulinum toxin used on each individual patient. Medicare would not expect to see billing for the full fee amount for Botulinum toxin on each beneficiary when the vial is split between two or more patients.

COVERAGE DURATION:
Initial authorization and reauthorization will be approved for one year

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Requests for indications that were approved by the FDA within the previous six (6) months may not have been reviewed by the health plan for safety and effectiveness and inclusion on this policy document. These requests will be reviewed using the New Drug and or Indication Awaiting P&T Review; Prior Authorization Request ORPTCOPS047.

Requests for a non-FDA approved (off-label) indication requires the proposed indication be listed in either the American Hospital Formulary System (AHFS), Drugdex, or the National Comprehensive Cancer Network (NCCN) and is considered subject to evaluation of the prescriber's medical rationale, formulary alternatives, the available published evidence-based research and whether the proposed use is determined to be experimental/investigational.

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

INTRODUCTION:
Botulinum toxin injections are used to treat various focal muscle spastic disorders and excessive muscle contractions such as dystonias, spasms, twitches, etc. These drugs produce a presynaptic neuromuscular blockade by preventing the release of acetylcholine from the nerve endings. The resulting chemical denervation of muscle produces local paresis or paralysis and allows individual muscles to be weakened selectively. Botulinum toxins have the advantage of being potent neuromuscular blocking agents with good selectivity and duration of action.

Botulinum toxins types A and B are neurotoxins produced by Clostridium Botulinum. Botulinum Toxin Type A and Botulinum Toxin Type B have many similarities and as experience has been gained, medical consensus has gradually developed that the two toxins have similar, but not identical, properties. Each botulinum toxin product is pharmacologically and clinically distinct, and therefore, not interchangeable with any other botulinum toxin product. As a result, approved indications for the two toxins differ.

The rationale for treatment is to create temporary paralysis of sufficient depth and duration that the injected muscles become slightly atrophied and stretched. The antagonist muscle shortens simultaneously taking up the slack created by agonist

paralysis. After several weeks enervation to the injected muscle returns. The safety and efficacy of long term use of Botox, Myobloc, Dysport or Xeomin is unknown.

FDA APPROVED INDICATIONS:

Botox® (onabotulinumtoxinA)

- Bladder Dysfunction in adults
- Chronic Migraine in adults
- Spasticity in patients 2 years of age and older
    - Limitations of Use: has not been shown to improve upper extremity functional abilities, or range of motion at a joint affected by a fixed contracture.
- Cervical dystonia in adults
- Primary axillary hyperhidrosis in adults that is inadequately managed with topical agents
    - Limitations of use:
        - Safety and effectiveness for hyperhidrosis in other body areas have not been established. Weakness of hand muscles and blepharoptosis may occur in patients who receive treatment for palmar hyperhidrosis and facial hyperhidrosis, respectively. Patients should be evaluated for potential causes of secondary hyperhidrosis (e.g., hyperthyroidism) to avoid symptomatic treatment of hyperhidrosis without the diagnosis and/or treatment of the underlying disease
        - Safety and effectiveness have not been established for the treatment of axillary hyperhidrosis in pediatric patients under age 18
- Blepharospasm and strabismus associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age and older.
- Pediatric Detrusor Overactivity associated with a Neurologic Condition

Dysport® (abebotulinumtoxinA)

- Glabellar Lines
- Cervical dystonia in adults
- Spasticity in patients two years of age and older

Myobloc® (rimabotulinumtoxinB)

- Cervical dystonia in adults
- Chronic sialorrhea in adults

Xeomin® (incobotulinumtoxinA)

- Chronic Sialorrhea in patients two years of age and older
- Glabellar Lines
- Cervical dystonia in adult patients
- Upper limb spasticity in adult patients
- Upper limb spasticity in pediatric patients two to 17 years of age, excluding spasticity caused by cerebral palsy
- Blepharospasm in adult patients

Jeuveau® (prabotulinumtoxinA-xvfs)

- Glabellar Lines

POSITION STATEMENT:

Coverage Guidance from LCD: “Botulinum toxin injections are used to treat various focal muscle spastic disorders and excessive muscle contractions such as dystonias, spasms, twitches, etc. These drugs produce a presynaptic neuromuscular blockade by preventing the release of acetylcholine from the nerve endings. The resulting chemical denervation of muscle produces local paresis or paralysis and allows individual muscles to be weakened selectively. Botulinum toxins have the advantage of being potent neuromuscular blocking agents with good selectivity and duration of action.

Botulinum Toxin Type A (Botox-onabotulinumtoxinA, Xeomin -incobotulinumtoxinA and Dysport-abotulinumtoxinA) are derived from a culture of Hall strain Clostridium Botulinum. Botulinum Toxin Type B (Myobloc – rimabotulinumtoxinB) is derived from the Bean strain of Clostridium Botulinum. Type B has the same action on neuromuscular conduction (blockade) as Type A.

Botulinum Toxin Type A and Botulinum Toxin Type B have many similarities and as experience has been gained, medical consensus has gradually developed that the two toxins have similar, but not identical, properties. Each botulinum toxin product is pharmacologically and clinically distinct, and therefore, not interchangeable with any other botulinum toxin product. As a result, approved indications for the two toxins differ. This A/B MAC has determined that the separate accepted indications for the four toxins will be combined into a single list of covered indications in this Local Coverage Determination (LCD) policy. However, it is the responsibility of providers to use each drug in accordance with the FDA approved indications unless there are valid and documented reasons stating why the unapproved/off label form is used. “Providers should consult the package insert of each neurotoxin to identify the FDA approved indications for each product.”

CPT/HCPCS CODES

Medicare Part B Only	
Prior Authorization Required	
31513	Laryngoscopy, indirect; with vocal cord injection
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
46505	Chemodenervation of internal anal sphincter
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed
64640	Destruction by neurolytic agent; other peripheral nerve or branch
64642	Chemodenervation of one extremity; 1-4 muscle(s)
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
64644	Chemodenervation of one extremity; 5 or more muscles
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64647	Chemodenervation of trunk muscle(s); 6 or more muscles
64650	Chemodenervation of eccrine glands; both axillae
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day
67345	Chemodenervation of extraocular muscle
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
J0585	Injection, onabotulinumtoxina, 1 unit
J0586	Injection, abobotulinumtoxina, 5 units
J0587	Injection, rimabotulinumtoxinb, 100 units
J0588	Injection, incobotulinumtoxin a, 1 unit

Unlisted Codes All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then **prior-authorization is required.**	
43499	Unlisted procedure, esophagus
64999	Unlisted procedure, nervous system

REFERENCE/RESOURCES:

1. Botox package insert. Irvine, CA; Allergan Pharmaceuticals; 2021 Feb.
2. Dysport package insert. Galderma Laboratories, L.P; 2020 Oct
3. Xeomin package insert. Franksville, WI; Maerz Aestethics; 2021 Apr.
4. Myobloc package insert. Louisville, KY; Solstice Neurosciences; 2021 Mar.
5. DRUGDEX® System [Internet database]. Greenwood Village, Colo: Thomson Reuters (Healthcare) Inc. Updated periodically.
6. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Botulinum Toxin Types A and B (L35172). Available at https://med.noridianmedicare.com/documents/10546/6990983/Botulinum+Toxin+Types+A+and+B+Policy+LCD/d120226c-ac94-4207-9305-6a01369f009b (Accessed July 21,2021).