Medicare Advantage Medical Benefit Drug Policy

BlueCross BlueShield Nebraska

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Effective Date: 12/09/2021

Botox® (onabotulinumtoxinA)
Dysport® (abobotulinumtoxinA)
Xeomin® (incobotulinumtoxinA)

HCPCS: J0585, J0586, J0588

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
    a. Blepharospasm
    b. Central demyelinating of corpus callosum
    c. Cerebral Palsy
    d. Cervical dystonia with documentation of involuntary contractions of the neck muscles resulting in twisting and repetitive movements, and/or abnormal postures
    e. Demyelinating diseases of CNS
    f. Facial nerve VII disorders
    g. Facial nerve disorders, other
        i. Facial myokymia, Melkersson's syndrome, facial/hemifacial spasms
    h. Hereditary spastic paraplegia
    i. Laryngeal spasm, laryngeal adductor spastic dysphonia, or stridulus
    j. Leukodystrophy (CNS disease characterized by adrenal atrophy and diffuse cerebral demyelination)
    k. Multiple sclerosis
    l. Neuromyelitis optica
    m. Organic writer's cramp
    n. Orofacial dyskinesia (i.e., jaw closure dystonia), Meige syndrome
    o. Schilder's disease
    p. Spasmodic dysphonia
    q. Spastic hemiplegia
    r. Spasticity related to stroke
    s. Spasticity related to spinal cord injury
    t. Strabismus
    u. Torsion dystonia, idiopathic and symptomatic (also known as Oppenheim's dystonia)
    v. Upper limb spasticity in adult and pediatric patients 2 years of age and older to decrease the severity of increased muscle tone in elbow flexors, wrist flexors, finger flexors, and thumb flexors

w. Lower limb spasticity in adults and pediatric patients 2 years of age and older to decrease the severity of increased muscle tone in ankle and toe flexors (gastrocnemius, soleus, tibialis posterior, flexor hallucis longus and flexor digitorum longus)

B. Botulinum toxin type A may be considered for approval in patients with functional impairment resulting from one of the following conditions when generally accepted treatments are not effective or not tolerated:
   a. Anal fissures - patients will be assessed for trial and/or failure with other therapeutic alternatives, such as nitroglycerin ointment.
   b. Achalasia/Cardio spasm - in patients who have not responded to dilation therapy or who are considered poor surgical candidates.
   c. Primary axillary hyperhidrosis Botulinum toxin type A may be considered for approval when ALL of the following are met:
      i. Treatable primary medical conditions and contributing factors (including drugs) causing secondary hyperhidrosis are identified and addressed where possible.
      ii. Documented adequate trial of available agents (e.g., Topical antiperspirants, anticholinergic drugs)
      iii. Medical treatment of persistent hyperhidrosis is not considered for approval in the absence of significant medical complications associated with the condition.
   d. Treatment of hyperhidrosis, including gustatory or palmer hyperhidrosis, may be considered for approval only when the hyperhidrosis is persistent and severe and has resulted in significant medical complications such as skin maceration with secondary infection.
   e. Chronic migraine headache - Botulinum toxin type A may be considered for approval when all ALL THREE (3) of the criteria in a, b, and c, below are met:
      i. There is a persistent history of recurring debilitating headaches (15 or more days per month with migraine headache lasting for 4 hours per day or longer).
      AND
      ii. Adequate trials (at least 6 weeks) of prophylactic therapy from at least TWO different therapy classes listed in Appendix 3 were not effective, contraindicated, or not tolerated.
      AND
      iii. Other conditions or aggravating factors that are contributing to the development of chronic migraine headaches are being treated. Possible examples: dental or jaw problems, muscle tension, depression, fibromyalgia, sleep disorders and smoking.
   f. Incontinence, either idiopathic or due to neurogenic causes (e.g., spinal cord injury, multiple sclerosis) when therapy with two anticholinergic or other agents indicated for the treatment of idiopathic or neurogenic incontinence are not effective or not tolerated.
   g. Overactive bladder with symptoms of urge incontinence, urgency, and frequency in adults who have an inadequate response to or are intolerant of two agents for the treatment of overactive bladder (e.g. anticholinergics or beta-3 receptor agonists).
   h. Chronic sialorrhea (drooling)
   i. Pelvic floor spasms - patients will be assessed on a case by case basis after trial and failure with at least 2 other therapeutic alternatives, such as muscle relaxants and benzodiazepines
   j. Trial and failure of the preferred products as specified in the BCBSNE Part B drugs prior authorization list

C. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limit: 6 months for initial therapy
   b. Initial Authorization Period: 1 year for continuation of therapy
   c. Renewal Criteria: Authorization will be reviewed for objective clinical response to confirm the medication is effective
      i. For chronic migraine, the frequency or duration for chronic migraines will be reduced from the time of initial presentation with treatment by at least:
         a) 7 days/month (frequency)

b) 100 hours/month (duration)

d. Quantity Limits will be approved when used in accordance with FDA approved dosing. Any requests greater than this may require supporting documentation
e. Continuation of therapy requires documented positive clinical response

***Note: Coverage may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Botulinum toxin is a neurotoxin that is injected into a muscle to cause temporary paralysis of that muscle through the inhibition of acetylcholine release from peripheral cholinergic nerve endings. There are three commercial botulinum toxin type A products available: Botox (onabotulinumtoxinA), Dysport (abobotulinumtoxinA), and Xeomin (incobotulinumtoxinA). These agents differ in their manufacturing, isolation and purification processes and utilize different Clostridium batches.

- At comparable doses, the botulinum toxin A can be considered therapeutically equated. Data are limited and one botulinum toxin A product is not considered superior to the others. Botulinum toxin A products are not interchangeable and require medical expertise to convert patients from one formulation to another.

Appendix 1: International Headache Society Classification of Chronic Migraine Headache

A. Headache (tension-type or migraine) on 15 or more days per month for at least 3 months.*
B. Occurring in a patient who has had at least 5 attacks fulfilling criteria for a migraine without an aura
C. On 8 or more days per month for at least 3 months headache has fulfilled criteria for pain and associated symptoms of migraine without aura in either or both of criteria 1 or 2 below:
    1. At least two of the following criteria a), b), c) and d) below are met: a)
        Unilateral location
        b) Pulsating quality
        c) Moderate or severe pain intensity
        d) Aggravation by or causing avoidance of routine physical activity (e.g., walking or climbing stairs)
        AND at least one of
    2. Treated and relived by triptan(s) or ergot before the expected development of the above symptoms.
D. No medication overuse and not attributed to another causative disorder

Appendix 2: Medications for Abortive Migraine Treatment

Class	Common Examples
Triptans	Imitrex® (sumatriptan), Maxalt®, Zomig®, Amerge® (naratriptan), Axert®, Frova®, Relpax®
Analgesics	Aspirin, acetaminophen
Non-steroidal Anti-inflammatory Drugs	Motrin® (ibuprofen), Naprosyn® (naproxen), Relafen® (nabumetone), Voltaren® (diclofenac), Orudis® (ketoprofen), Clinoril® (sulindac), Toradol® (ketorolac)

Appendix 3: Medications for Prophylaxis of Migraines

Class	Accepted Examples
Anticonvulsants	Depakote® (divalproex), Depakene® (sodium valproate), Topamax® (topiramate), Tegretol® (carbamazepine)
ACE inhibitor or Angiotensin Receptor Blocker	Zestril® (lisinopril), Atacand® (candesartan)
Beta Blockers	Inderal® (propranolol), Lopressor® (metoprolol), Tenormin® (atenolol), Corgard® (nadolol), Blocadren® (timolol), Bystolic® (nebivolol), Visken® (pindolol)
Calcium Channel Blockers	Procardia® (nifedipine), Cardizem® (diltiazem), Calan® (verapamil)
Antidepressants	Elavil® (amitriptyline), Effexor® (venlafaxine)

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Policy History		
#	Date	Change Description
1.2	Effective Date: 12/09/2021	Removed prescriber requirements and rebound headache criteria for migraine to align with CGRP inhibitor criteria.
1.1	Effective Date: 04/08/2021	Updated criteria sections for: • Migraine headache: removed not to be used in combination with CGRP criteria • NDO: updated verbiage to state t/f two anticholinergics or other agents • OAB: Aligned criteria with Rx benefit by requiring t/f two agents for OAB Included expert opinion outreach regarding migraine combination therapy.
1.0	Effective Date: 4/16/2020	Medical policy established.

** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*