CARECONTINUUM™

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Botulinum Toxins – Botox Utilization Management Medical Policy
- Botox® (onabotulinumtoxinA injection – Allergan/AbbVie)

REVIEW DATE: 09/17/2025

OVERVIEW

Botox (onabotulinumtoxinA), an acetylcholine release inhibitor and neuromuscular-blocking agent, is indicated for the following uses:[1]

- **Blepharospasm** associated with dystonia, including benign essential blepharospasm or seventh (VII) nerve disorders in patients ≥ 12 years of age.
- **Cervical dystonia,** to reduce the severity of abnormal head position and neck pain associated with cervical dystonia in adults.
- **Hyperhidrosis, severe primary axillary** which is inadequately managed with topical agents in adults.
- **Migraine headache prophylaxis (prevention),** in adults with chronic migraine (≥ 15 days per month with headache lasting 4 hours a day or longer).
- **Neurogenic detrusor overactivity (NDO) in pediatric patients** ≥ 5 years of age who have had an inadequate response to or are intolerant of an anticholinergic medication.
- **Overactive bladder (OAB)** with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have had an inadequate response to or are intolerant of an anticholinergic medication.
- **Spasticity** in patients ≥ 2 years of age.
- **Strabismus** in patients ≥ 12 years of age.
- **Urinary incontinence due to detrusor overactivity associated with a neurological condition** (e.g., spinal cord injury, multiple sclerosis) in adults who have had an inadequate response to or are intolerant of an anticholinergic medication.

In regard to the indication of migraine headache prophylaxis, an updated position statement for the prevention of migraines from the American Headache Society (2024) notes that specifically for prevention of chronic migraine with or without aura, Botox should be considered a first-line treatment recommendation without a requirement for prior failure of other classes of migraine preventative treatment.[2]

Other Uses with Supportive Evidence

Botulinum toxin type A has been used to treat a multitude of disorders characterized by abnormal muscle contraction and the benefit of these products has been demonstrated in the treatment of gastrointestinal, genitourinary, ocular, and autonomic nervous system disorders.[3,8]

Botulinum toxins have been studied in a variety of indications outside of FDA-approved uses.[18-20] Literature is available to support use of Botox in the following conditions:

- **Achalasia:** The American College of Gastroenterology (ACG) clinical guideline for the diagnosis and management of esophageal achalasia (2020) recommends the use of botulinum toxin (formulation not specified) as first-line therapy for patients with achalasia who are unfit for definitive therapies for the treatment of achalasia such as pneumatic dilation or surgical myotomy.[4]
- **Anal Fissure:** The ACG clinical guideline for the management of benign anorectal disorders (2021) suggests that botulinum toxin A injections (formulation not specified) may be attempted for

patients with chronic anal fissures in whom calcium channel blockers fail or as an alternative option to calcium channel blockers (conditional recommendation; quality of evidence low).[5]

- **Dystonia, Focal Upper Limb:** Historical guidelines for the treatment of movement disorders from the American Academy of Neurology (AAN) support use of botulinum toxins in focal limb dystonia of the upper extremity (focal hand dystonia, i.e. writer's cramp) [Level B recommendation].[7] Botulinum toxin is considered the treatment of choice for most focal dystonias.[6] An evidence-based review and assessment (2013) for the treatment of focal upper limb dystonia indicate Botox should be considered (Level B recommendation).[28]
- **Essential Tremor:** According to the clinical practice parameter on essential tremor by the AAN (2011; reaffirmed 2022), propranolol and primidone are first-line therapy.[14] Second-line medication options include alprazolam, atenolol, sotalol, gabapentin, and topiramate. The guidelines recommend botulinum toxin A may be considered in medically refractory cases of limb, head, and voice tremor associated with essential tremor (Level C), while an evidence-based review and assessment (2013) supports Botox as a Level B recommendation.[14,28] A 2023 multicenter, double-blind, randomized controlled trial published in NEJM demonstrated that botulinum toxin type A injections significantly improved essential head tremor, with 31% of treated patients achieving at least a 2-point improvement on the Clinical Global Impression scale compared to 9% in the placebo group ($P = 0.009$).[34]
- **Hemifacial Spasm:** Per historical AAN guidelines for the treatment of movement disorders, botulinum toxin (formulation not specified) may be considered in hemifacial spasm (Level C recommendation).[7] Data with Botox and Dysport® (abobotulinumtoxinA injection) are cited in the recommendations regarding hemifacial spasm. An evidenced-based review and assessment (2013) for the treatment of hemifacial spasm indicate Botox should be considered (Level B recommendation) and Dysport may be considered (Level C recommendation).[28]
- **Hyperhidrosis, Gustatory:** Botox is recommended as a first-line option for gustatory sweating by the International Hyperhidrosis Society.[15]
- **Hyperhidrosis, Primary Axillary, Palmar, Plantar, and Craniofacial:** Guidelines from the International Hyperhidrosis Society support use of Botox in patients with focal axillary, palmar, plantar, and craniofacial hyperhidrosis who have failed to respond to topical antiperspirant therapy.[15-17,33] Also, the efficacy of Botox is well-established in the treatment of primary and focal palmar hyperhidrosis based on data from both randomized, double-blind, placebo-controlled studies and open-label studies.[19,21]
- **Laryngeal Dystonia (Spasmodic Dysphonia):** Botulinum toxin A is the most widely accepted treatment for spasmodic dysphonia, a focal laryngeal dystonia, and is viewed as the treatment of choice by the American Academy of Otolaryngology-Head and Neck Surgery (2018).[9] Per the guideline, clinicians should offer, or refer to a clinician who can offer, botulinum toxin injections for treatment of dysphonia caused by spasmodic dysphonia and other types of laryngeal dystonia. Historical AAN guidelines for the treatment of movement disorders note that botulinum toxin is probably effective and should be considered for adductor type laryngeal dystonia (spasmodic dysphonia) [Level B recommendation].[7] An evidence-based review and assessment (2013) for the treatment of adductor laryngeal dystonia indicate Botox may be considered (Level C recommendation).[28]
- **Oromandibular Dystonia:** Small clinical trials have shown botulinum toxin A to be effective in treating oromandibular dystonia.[11,12] The American Academy of Oral Medicine clinical practice statement on oromandibular dystonia recommend the use of botulinum type A injections (Botox is mentioned).[10] A five year trial with Dysport for the treatment of focal movement disorders including oromandibular dystonia showed effectiveness and no new safety concerns.[13] An evidence-based review and assessment (2013) for the treatment of oromandibular dystonia indicate

Botox and Dysport may be considered (level C recommendation).[28] Of note, Meige syndrome is a variant that describes the co-existence of blepharospasm and oromandibular dystonia.[27]

- **Sialorrhea:** Botulinum toxin A has been studied in the treatment of sialorrhea associated with Parkinson's Disease, parkinsonian syndromes, cerebral palsy, head and neck carcinoma, neurodegenerative disease, stroke, and amyotrophic lateral sclerosis.[18] A review of the literature on medical treatment of sialorrhea found that Botox is probably effective for the treatment of this condition (Level B evidence).[24]

Dosing Information

The general approach for first time botulinum toxin injections is to focus on using minimum effective starting doses and titrate based on patient response for further treatments.[27] Toxin distribution varies between the commercially available botulinum toxin products.[1] Labeling for the botulinum toxin products states there is a lack of interchangeability between the products for various reasons, including differences in the units of biological activity. Studies have attempted to establish a conversion ratio between botulinum toxin products with variable results; however, conversion ratios of 1:1 for Botox to Xeomin, 1:2-3 for Botox to Dysport have been suggested.[18]

Botox is not recommended to be injected more frequently than once every 3 months, and botulinum toxins appear to have an approximately 3-month duration of effect or longer, depending on the site of injection.[1] The Botox prescribing information advises that in a 3-month interval, an adult should not exceed a total dose of 400 units and a pediatric patient should not exceed a total dose of the lesser of 10 units/kg or 340 units.

Definitive dosing has not been established for off-label uses of botulinum toxins, including Botox. Specific considerations by indication are noted below:

- **Achalasia:** Botox has been studied for achalasia in several trials; doses higher than 100 units per treatment have not been shown to be more effective.[4]
- **Anal Fissures:** The ACG guidelines (2021) suggest botulinum toxin A injections (formulation not specified) may be used at doses of 5-100 units in patients with refractory, chronic anal fissures.[5]
- **Essential Tremor**: Published clinical trial data and consensus among movement disorder specialists suggest doses between 75 to 100 units are effective.[34]
- **Hemifacial Spasm**: While no standardized dose has been established, a retrospective review of 470 botulinum toxin type A injection sessions administered to 68 patients over 16 years reported doses of up to 100 units, with an average dose of 34.5 units per session.[35]
- **Hyperhidrosis, Gustatory and Primary Craniofacial**: Botox is administered as intradermal injections spaced 0.5 – 1 cm apart in a grid pattern over the affected facial area. Typical dosages utilized are 1-5 units per cm^2.[36-29]
- **Laryngeal (Spasmodic) Dystonia:** No recommended dose for this off label indication has been established; however, compendia recommend an upper limit of 25 units which is supported by several clinical trials utilizing multiple dosing regimens without exceeding 25 units.[29-32]
- **OAB:** The American Urological Association (AUA) guideline on [non-neurogenic] OAB (2024) indicate patients with inadequate response and minimal side effects to Botox 100 units may be offered 200 units.[25]
- **Sialorrhea:** Xeomin® (incobotulinumtoxinA injection) is indicated for this use.[22] Per Xeomin labeling, the maximum recommended dose for adults is 100 units (50 units per side) and for pediatric patients is 75 units (37.5 units per side), administered not more frequently than once every 16 weeks. Recommendations for maximum dosing and frequency for Botox are based on suggested relative conversion of 1:1 for Botox to Xeomin.[23]

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Botox. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Botox as well as the monitoring required for adverse events and long-term efficacy, approval for a diagnosis of migraine headache prevention requires Botox to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Medical benefit coverage is not recommended for Botox Cosmetic or cosmetic use.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Botox is recommended in those who meet one of the following criteria:

FDA-Approved Indications

---

1. Blepharospasm. Approve for 1 year if the patient is ≥ 12 years of age.
Note: This includes blepharospasm associated with dystonia, benign essential blepharospasm, seventh (VII) nerve disorders.

Dosing. Approve up to a maximum dose of 200 units, administered not more frequently than once every 3 months.

---

2. Cervical Dystonia. Approve for 1 year if the patient is ≥ 18 years of age.
Note: Cervical dystonia is also referred to as spasmodic torticollis.

Dosing. Approve up to a maximum dose of 300 units, administered not more frequently than once every 3 months.

---

3. Hyperhidrosis, Primary Axillary. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

- **A)** Patient is ≥ 18 years of age; AND
- **B)** Hyperhidrosis is significantly interfering with the ability to perform age-appropriate activities of daily living; AND
- **C)** The prescriber has excluded secondary causes of hyperhidrosis; AND
- **D)** Patient has tried at least one topical prescription agent for axillary hyperhidrosis for at least 4 weeks and experienced inadequate efficacy or significant intolerance.
  Note: Examples of prescription topical agents for the treatment of axillary hyperhidrosis include Xerac AC (aluminum chloride 6.25% topical solution), Drysol (aluminum chloride 20% topical solution), Qbrexza (glycopyrronium cloth 2.4% for topical use), Sofdra (glycopyrronium 12.45% topical gel).

Dosing. Approve up to a maximum dose of 50 units per axilla, administered not more frequently than once every 3 months.

---

4. **Chronic Migraine Headache Prevention.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has ≥ 15 migraine headache days per month with headache lasting 4 hours per day or longer (prior to initiating a migraine-preventive medication); AND
   - **C)** Botox is being prescribed by or in consultation with a neurologist or headache specialist; AND
   - **D)** If the patient is currently taking Botox for chronic migraine headache prevention, the patient has had a significant clinical benefit from the medication as determined by the prescriber.
     Note: Examples of significant clinical benefit include a reduction in the overall number of migraine days per month or a reduction in number of severe migraine days per month from the time that Botox was initiated.

   Dosing. Approve up to a maximum dose of 155 units, administered not more frequently than once every 12 weeks.

---

5. **Neurogenic Detrusor Overactivity (NDO), Pediatric.** Approve for 1 year if the patient meets BOTH of the following (A and B):
   - **A)** Patient is ≥ 5 years of age; AND
   - **B)** Patient has tried at least one other pharmacologic therapy for the treatment of neurogenic detrusor overactivity (NDO).
     Note: Examples of other NDO pharmacologic therapies include a beta-3 adrenergic agonist or an anticholinergic medication. For treatment of adult urinary incontinence due to detrusor overactivity associated with a neurological condition, refer to the FDA-Approved Indication below.

   Dosing. Approve up to a maximum dose of 200 units, administered not more frequently than once every 12 weeks.

---

6. **Overactive Bladder with Symptoms of Urge Urinary Incontinence, Urgency, and Frequency (Adult).** Approve for 1 year if the patient meets BOTH of the following (A and B):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has tried at least one other pharmacologic therapy for the treatment of overactive bladder (OAB).
     Note: Examples of other OAB pharmacologic therapies include a beta-3 adrenergic agonist or an anticholinergic medication. For treatment of adult urinary incontinence due to detrusor overactivity associated with a neurological condition, refer to the FDA-Approved Indication below.

   Dosing. Approve up to a maximum dose of 200 units, administered not more frequently than once every 12 weeks.

7. Spasticity, Limb(s). Approve for 1 year if the patient is ≥ 2 years of age.

Dosing. Approve ONE of the following regimens (A, B or C):

A) Lower limb spasticity: Approve ONE of the following regimens (i or ii):
- **i.** Patient is ≥ 18 years of age: Approve up to a maximum dose of 400 units, administered not more frequently than once every 12 weeks; OR
- **ii.** Patient is < 18 years of age: Approve up to a maximum dose of 8 units/kg (not to exceed 300 units), administered not more frequently than once every 12 weeks.

B) Upper limb spasticity: Approve ONE of the following regimens (i or ii):
- **i.** Patient is ≥ 18 years of age: Approve up to a maximum dose of 400 units, administered not more frequently than once every 12 weeks; OR
- **ii.** Patient is < 18 years of age: Approve up to a maximum dose of 6 units/kg (not to exceed 200 units), administered not more frequently than once every 12 weeks.

C) If treating BOTH upper AND lower limb spasticity: Approve ONE of the following regimens (i or ii):
- **i.** Patient is ≥ 18 years of age: Approve up to a maximum dose of 400 units, administered not more frequently than once every 12 weeks; OR
- **ii.** Patient is < 18 years of age: Approve up to a maximum dose of 10 units/kg (not to exceed 340 units), administered not more frequently than once every 12 weeks.

8. Strabismus. Approve for 1 year if the patient is ≥ 12 years of age.
Note: Common types of strabismus include esotropia, exotropia, hypertropia, hypotropia.

Dosing. Approve up to a maximum dose of 25 units in any one muscle, administered not more frequently than once every 3 months.

9. Urinary Incontinence Due to Detrusor Overactivity Associated with a Neurological Condition (Adult). Approve for 1 year if the patient meets BOTH of the following (A and B):
Note: Examples of neurological conditions associated with urinary incontinence include spinal cord injury, multiple sclerosis, spina bifida.

A) Patient is ≥ 18 years of age; AND

B) Patient has tried at least one other pharmacologic therapy for the treatment of urinary incontinence.
Note: Examples of other pharmacologic therapies for urinary incontinence include a beta-3 adrenergic agonist or an anticholinergic medication. For treatment of adult overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, refer to the FDA-Approved Indication above. For treatment of pediatric neurogenic detrusor overactivity (NDO), refer to the FDA-Approved Indication above.

Dosing. Approve up to a maximum dose of 200 units, administered not more frequently than once every 12 weeks.

Other Uses with Supportive Evidence

10. Achalasia. Approve for 1 year if the patient is ≥ 18 years of age.
Note: Achalasia is also referred to as esophageal achalasia or achalasia cardia.

Dosing. Approve up to a maximum dose of 100 units, administered not more frequently than once every 3 months.

---

11. Anal Fissure, Chronic. Approve for 1 year if the patient is ≥ 18 years of age.

Dosing. Approve up to a maximum dose of 100 units, administered not more frequently than once every 3 months.

---

12. Dystonia, Focal Upper Limb. Approve for 1 year if the patient is ≥ 18 years of age.
Note: An example of focal upper limb dystonia is focal hand dystonia.

Dosing. Approve up to a maximum dose of 400 units, administered not more frequently than once every 3 months.

---

13. Essential Tremor. Approve for 1 year if the patient meets BOTH of the following (A and B):
- **A)** Patient is ≥ 18 years of age; AND
- **B)** Patient has tried at least one other pharmacologic therapy for the treatment of tremors.
  Note: Examples of pharmacologic therapies for essential tremor include primidone, propranolol, atenolol, sotalol, alprazolam, gabapentin, topiramate.

Dosing. Approve up to a maximum dose of 100 units, administered not more frequently than once every 3 months.

---

14. Hemifacial Spasm. Approve for 1 year if the patient is ≥ 18 years of age.

Dosing. Approve up to a maximum dose of 100 units, administered not more frequently than once every 3 months.

---

15. Hyperhidrosis, Gustatory. Approve for 1 year if the patient is ≥ 18 years of age.
Note: Gustatory hyperhidrosis is also referred to as Frey's Syndrome.

Dosing. Approve up to a maximum dose of 100 units, administered not more frequently than once every 3 months.

---

16. Hyperhidrosis, Primary Palmar/Plantar/Craniofacial. Approve for 1 year if the patient meets ALL of the following (A, B, C and D):
- **A)** Patient is ≥ 18 years of age; AND
- **B)** Hyperhidrosis is significantly interfering with the ability to perform age-appropriate activities of daily living; AND
- **C)** The prescriber has excluded secondary causes of hyperhidrosis; AND
- **D)** Patient has tried at least one topical agent for the treatment of hyperhidrosis for at least 4 weeks and experienced inadequate efficacy or significant intolerance.

Note: Examples of topical agents for the treatment of hyperhidrosis include topical aluminum chloride antiperspirants.

Dosing. Approve ONE of the following regimens (A or B):

A) Hyperhidrosis, Primary Craniofacial: Approve up to a maximum dose of 100 units, administered not more frequently than once every 3 months; OR

B) Hyperhidrosis, Primary Palmar/Plantar: Approve up to a maximum dose of 400 units, administered not more frequently than once every 3 months.

---

17. Laryngeal Dystonia (Spasmodic Dysphonia). Approve for 1 year if the patient is ≥ 18 years of age.

Dosing. Approve up to a maximum dose of 25 units, administered not more frequently than once every 3 months.

---

18. Oromandibular Dystonia. Approve for 1 year if the patient is ≥ 18 years of age.
Note: Oromandibular dystonia is also referred to as orofacial dystonia.

Dosing. Approve up to a maximum dose of 400 units, administered not more frequently than once every 3 months.

---

19. Sialorrhea, Chronic. Approve for 1 year if the patient is ≥ 18 years of age.

Dosing. Approve up to a maximum dose of 100 units (50 units per side), administered not more frequently than once every 16 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Botox is not recommended in the following situations:

1. **Cosmetic Use.** Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical medical benefit.
   Note: Examples of cosmetic uses include facial rhytides, frown lines, glabellar wrinkling, horizontal neck rhytides, mid and lower face and neck rejuvenation, platsymal bands, or rejuvenation of the periorbital region.

2. **Gastroparesis.** The ACG issued clinical guidelines on the management of gastroparesis (2013).[26] ACG does not recommend the use of botulinum toxin injected into the pylorus as a treatment for gastroparesis. This is based on two double-blind, placebo-controlled studies which showed some improvement in gastric emptying, but no improvement in symptoms compared with placebo.

3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Botox® injection [prescribing information]. Madison, NJ: Allergan; November 2023.

2. Charles AC, Digre KB, Goadsby PJ, Robbins MS, Hershey A; American Headache Society. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. *Headache*. 2024;64(4):333-341.
3. Brin MF, Blitzer A. The pluripotential evolution and journey of Botox (onabotulinumtoxinA). *Medicine (Baltimore)*. 2023;102(S1):e32373.
4. Vaezi MF, Pandolfino JE, Yadlapati RH, et al. ACG Clinical Guidelines: diagnosis and management of achalasia. *Am J Gastroenterol*. 2020;115(9):1393-1411.
5. Wald A, Bharucha AE, Limketkai B, et al. ACG Clinical Guidelines: management of benign anorectal disorders. *Am J Gastroenterol*. 2021;116(10):1987-2008.
6. Adam OR, Jankovic J. Treatment of dystonia. *Parkinsonism Relat Disord*. 2007;13 Suppl 3:S362-S368. doi:10.1016/S1353-8020(08)70031-2
7. Simpson DM, Blitzer A, Brashear A, et al. Assessment: botulinum neurotoxin for the treatment of movement disorders (an evidence-based review): Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. *Neurology*. 2008;70:1699-1706.
8. Simpson DM, Hallett M, Ashman EJ, et al. Practice guideline update summary: botulinum neurotoxin for the treatment of blepharospasm, cervical dystonia, adult spasticity, and headache. Report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology*. 2016;86:1818-1826.
9. Stachler RJ, Francis DO, Schwartz SR, et al. Clinical practice guideline: hoarseness (dysphonia). *Otolaryngology – Head and Neck Surgery*. 2018;Supplement:1-42.
10. France K, Stoopler ET. The American Academy of Oral Medicine Clinical Practice Statement: Oromandibular dystonia. *Oral Surg Oral Med Oral Pathol Oral Radiol*. 2018;125(4):283-285.
11. Müller J, Wenning GK, Wissel J, Seppi K, Poewe W. Botulinum toxin treatment in atypical parkinsonian disorders associated with disabling focal dystonia. *J Neurol*. 2002;249(3):300-304.
12. Jankovic J, Orman J. Botulinum A toxin for cranial-cervical dystonia: a double-blind, placebo-controlled study. *Neurology*. 1987;37(4):616-623.
13. Van den Bergh P, Francart J, Mourin S, Kollmann P, Laterre EC. Five-year experience in the treatment of focal movement disorders with low-dose Dysport botulinum toxin. *Muscle Nerve*. 1995;18(7):720-729.
14. Zesiewicz TA, Elble R, Louis ED, et al. Evidence-based guideline update: treatment of essential tremor: report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology*. 2011;77:1752-1755.
15. International Hyperhidrosis Society. Primary focal craniofacial and gustatory hyperhidrosis (Frey's Syndrome). Updated January 15, 2012. Available at: https://sweathelp.org/treatments-hcp/clinical-guidelines/primary-focal-hyperhidrosis/primary-focal-facial-and-gustatory.html. Accessed on August 19, 2024.
16. International Hyperhidrosis Society. Primary focal palmar hyperhidrosis. Updated January 15, 2012. Available at: https://sweathelp.org/treatments-hcp/clinical-guidelines/primary-focal-hyperhidrosis/primary-focal-palmar.html. Accessed on August 19, 2024.
17. International Hyperhidrosis Society. Primary focal plantar hyperhidrosis. Updated January 15, 2012. Available at: https://sweathelp.org/treatments-hcp/clinical-guidelines/primary-focal-hyperhidrosis/primary-focal-plantar.html. Accessed on August 19, 2024.
18. Bhidayasiri R, Truong DD. Expanding use of botulinum toxin. *J Neurol Sci*. 2005;235(1-2):1-9.
19. Cheng CM, Chen JS, Patel RP. Unlabeled uses of botulinum toxins: A review, part 1. *Am J Health Syst Pharm*. 2006;63(2): 145–152.
20. Cheng CM, Chen JS, Patel RP. Unlabeled uses of botulinum toxins: A review, part 2. Am J Health Syst Pharm. 2006;63(3):225-232.
21. Lowe N, Campanati A, Bodokh I, et al. The place of botulinum toxin type A in the treatment of focal hyperhidrosis. *Br J Dermatol*. 2004;151(6):1115-1122.
22. Xeomin® injection [prescribing information]. Raleigh, NC: Merz; August 2021.
23. Scaglione F. Conversion ratio between Botox®, Dysport®, and Xeomin® in clinical practice. *Toxins (Basel)*. 2016;8(3):65.
24. Lakraj AA, Moghimi N, Jabbari B. Sialorrhea: anatomy, pathophysiology and treatment with emphasis on the role of botulinum toxin. *Toxins*. 2013;5:1010-1031.
25. Cameron AP, Chung DE, Dielubanza EJ, et al. The AUA/SUFU Guideline on the Diagnosis and Treatment of Idiopathic Overactive Bladder. *J Urol*. 2024;212(1):11-20.
26. Camilleri M, Parkman HP, Shafi MA, et al. Clinical guideline: management of gastroparesis. *Am J Gastroenterol*. 2013;108(1):18-38.
27. Hassell TJW, Charles D. Treatment of Blepharospasm and Oromandibular Dystonia with Botulinum Toxins. *Toxins (Basel)*. 2020;12(4):269. Published 2020 Apr 22.
28. Hallett M, Albanese A, Dressler D, Segal KR, Simpson DM, Truong D, Jankovic J. Evidence-based review, and assessment of botulinum neurotoxin for the treatment of movement disorders. Toxicon. 2013 Jun 1;67:94-114.
29. Micromedex® Healthcare Series. Thomson Reuters (Healthcare) Inc. Available at: http://www.micromedexsolutions.com. Accessed on April 11, 2025. Search term: Botox.

30. Hyodo M, Nagao A, Asano K, et al. Botulinum toxin injection into the intrinsic laryngeal muscles to treat spasmodic dysphonia: A multicenter, placebo-controlled, randomized, double-blinded, parallel-group comparison/open-label clinical trial. *Eur J Neurol*. 2021;28(5):1548-1556.
31. Adams SG, Hunt EJ, Irish JC, Charles DA, Lang AE, Durkin LC, Wong DL. Comparison of botulinum toxin injection procedures in adductor spasmodic dysphonia. *J Otolaryngol.* 1995 Dec;24(6):345-51.
32. Lundy DS, Lu FL, Casiano RR, Xue JW. The effect of patient factors on response outcomes to Botox treatment of spasmodic dysphonia. *J Voice*. 1998;12(4):460-466.
33. International Hyperhidrosis Society. Primary axillary hyperhidrosis. Updated February 2025. Available at: https://www.sweathelp.org/treatments-hcp/clinical-guidelines/primary-focal-hyperhidrosis/primary-focal-axillary.html. Accessed on August 22, 2025.
34. Marques A, Pereira B, Simonetta-Moreau M, et al. Trial of Botulinum Toxin for Isolated or Essential Head Tremor. *N Engl J Med*. 2023;389(19):1753-1765.
35. Sorgun MH, Yilmaz R, Akin YA, Mercan FN, Akbostanci MC. Botulinum toxin injections for the treatment of hemifacial spasm over 16 years. *J Clin Neurosci*. 2015;22(8):1319-1325.
36. Patrick B, Beck AT, Casterline BW, Martin KL. Botulinum Toxin for the Treatment of Postmenopausal Craniofacial Hyperhidrosis. Cureus. 2024;16(9):e68401. Published 2024 Sep 1.
37. Böger A, Herath H, Rompel R, Ferbert A. Botulinum toxin for treatment of craniofacial hyperhidrosis. *J Neurol*. 2000;247(11):857-861.
38. Eckardt A, Kuettner C. Treatment of gustatory sweating (Frey's syndrome) with botulinum toxin A. *Head Neck*. 2003;25(8):624-628.
39. Fiedler LS, Burk F. Treatment of Frey Syndrome with Botulinum Toxin-A: A Practical Approach from Minor's Test to Injection. *J Maxillofac Oral Surg*. 2024;23(2):337-339.

HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	**Blepharospasm**: Diagnosis was changed from "Blepharospasm associated with dystonia or Strabismus" to "Blepharospasm" with the following Note added: "This includes blepharospasm associated with dystonia, including benign essential blepharospasm and seventh (VII) nerve disorders." An age requirement of ≥ 12 years was added. Previously there was not an age requirement in place. **Cervical Dystonia**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. **Hyperhidrosis, Primary Axillary**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. **Migraine Headache Prevention**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. **Neurogenic Detrusor Overactivity (NDO), Pediatric:** New indication, age ≥ 5 years, criteria, and dosing added. Previously, diagnosis and dosing was captured under FDA Labeled Indications as "Urinary Incontinence Associated with a Neurological Condition". **Overactive Bladder with Symptoms of Urge Urinary Incontinence, Urgency, and Frequency (Adult)**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. "Adult" was added to diagnosis to distinguish from pediatric NDO indication. **Spasticity, Limb**: An age requirement of ≥ 2 years was added. Previously there was not an age requirement in place. **Strabismus**: New indication, requirement of age ≥ 12 years, criteria, and dosing added. Previously, diagnosis and dosing was captured under FDA Labeled Indications as "Blepharospasm associated with dystonia or Strabismus". **Urinary Incontinence Associated with a Neurological Condition (Adult)**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. "Adult" was added to diagnosis to distinguish from pediatric NDO indication. Dosing considerations for patients ≤ 18 years of age were removed. **Achalasia**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed.	10/11/2023

	Anal Fissure: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed. **Chronic Facial Pain/Pain Associated with Temporomandibular Dysfunction**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed. **Chronic Low Back Pain**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed. **Dystonia other than cervical**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed. **Essential Tremor**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed. **Hemifacial Spasm**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed. **Hyperhidrosis, Gustatory**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed. **Hyperhidrosis, Palmar/Plantar and Facial**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed. **Myofascial Pain**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed. **Ophthalmic Disorders, other than Blepharospasm or Strabismus**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed. **Plantar Fasciitis**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed. **Sialorrhea, Chronic**: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed.	
Selected Revision	**Migraine Headache Prevention:** The requirement that the patient has tried and had an inadequate efficacy or adverse event to at least two standard prophylactic pharmacologic therapies was removed from the criteria.	04/10/2024
Annual Revision	**Achalasia**: The following Note was added: Achalasia is also referred to as esophageal achalasia or achalasia cardia. **Anal Fissure, Chronic**: The diagnosis was updated from "Anal Fissure" to as listed. The dosing limitation was lowered from 400 units to 100 units. **Chronic Facial Pain/Pain Associated with Temporomandibular Dysfunction**: This Other Use with Supportive Evidence was removed from the Policy. **Chronic Low Back Pain**: This Other Use with Supportive Evidence was removed from the Policy. **Dystonia, Focal Upper Limb**: This Other Use with Supportive Evidence was added to the Policy. A new dosing limitation was added. **Dystonia, other than Cervical**: This Other Use with Supportive Evidence was removed from the Policy. **Essential Tremor**: The Note providing pharmaceutical examples of medications used to treat tremors was updated to add both atenolol and sotalol, and benzodiazepines were replaced with alprazolam. **Hyperhidrosis, Primary Axillary**: Requirements were added that hyperhidrosis is significantly interfering with the ability to perform age-appropriate activities of daily living and that the prescriber has excluded secondary causes of hyperhidrosis. The requirement for a trial of at least one topical agent was updated to add that the trial was for a prescription agent for at least 4 weeks and the patient experienced inadequate efficacy or significant intolerance. The Note providing examples of prescription topical agents for the treatment of axillary hyperhidrosis was updated to include Xerac AC	10/02/2024

	(aluminum chloride 6.25% topical solution), Drysol (aluminum chloride 20% topical solution), and Sofdra (glycopyrronium 12.45% topical gel). **Hyperhidrosis, Primary Palmar/Plantar/Facial**: This Other Use with Supportive Evidence was updated from "Hyperhidrosis, Palmar/Plantar/Facial" to as listed. Requirements were added that hyperhidrosis is significantly interfering with the ability to perform age-appropriate activities of daily living and that the prescriber has excluded secondary causes of hyperhidrosis. The requirement for a trial of at least one topical agent was updated to add that the trial was for at least 4 weeks and the patient experienced inadequate efficacy or significant intolerance. **Laryngeal Dystonia (Spasmodic Dysphonia):** This Other Use with Supportive Evidence was added to the Policy. A new dosing limitation was added. **Myofascial Pain**: This Other Use with Supportive Evidence was removed from the Policy. **Neurogenic Detrusor Overactivity (NDO), Pediatric:** The following Note was added: For treatment of adult urinary incontinence due to detrusor overactivity associated with a neurological condition, refer to criteria for the FDA-Approved Indication below. **Ophthalmic Disorders, other than Blepharospasm or Strabismus**: This Other Use with Supportive Evidence was removed from the Policy. **Oromandibular Dystonia:** This Other Use with Supportive Evidence was added to the Policy. A new dosing limitation was added. **Overactive Bladder with Symptoms of Urge Urinary Incontinence, Urgency, and Frequency (Adult)**: The dosing limitation was increased from 100 units to 200 units. The Note referring to the treatment of adult urinary incontinence was updated to add "due to detrusor overactivity". **Plantar Fasciitis**: This Other Use with Supportive Evidence was removed from the Policy. **Spasticity, Limb(s)**: A new dosing limitation for treating both upper and lower extremities for pediatric patients < 18 years of age was added. **Strabismus:** The following Note was added: Common types of strabismus include esotropia, exotropia, hypertropia, hypotropia. **Urinary Incontinence Due to Detrusor Overactivity Associated with a Neurological Condition (Adult)**: The diagnosis was updated from "Urinary Incontinence Associated with a Neurological Condition (Adult)" to as listed. The following Note was added: For treatment of pediatric neurogenic detrusor overactivity (NDO), refer to criteria for the FDA-Approved Indication below.	
Selected Revision	**Laryngeal Dystonia (Spasmodic Dysphonia):** The dosing limitation was decreased from 400 units to 25 units.	04/16/2025
Annual Revision	**Chronic Migraine Headache Prevention:** The qualifier "chronic" was added to the condition of approval. Also, the requirement "prior to initiation of Botox therapy" was clarified to "prior to initiating a migraine-preventative medication." **Essential Tremor:** The dosing limitation was decreased from 400 units to 100 units. **Hemifacial Spasm:** The dosing limitation was decreased from 400 units to 100 units. **Hyperhidrosis, Gustatory**: The dosing limitation was decreased from 400 to 100 units. **Hyperhidrosis, Primary Craniofacial**: The qualifier "facial" was replaced with "craniofacial.". The dosing limitation was decreased from 400 to 100 units.	09/17/2025