



BOTULINUM TOXIN SUPPLEMENTAL CLINICAL GUIDELINE

This guideline is to be used in conjunction with MCG Ambulatory Care Guidelines (or UpToDate) for OnabotulinumtoxinA (Botox), AbobotulinumtoxinA (Dysport), IncobotulinumtoxinA (Xeomin), and RimabotulinumtoxinB (Myobloc). As there are several medical indications for Botox therapy, requests for medical necessity will be reviewed when submitted by the appropriate specialty provider.

- I. Dermatology
 - a. Hyperhidrosis
- II. ENT / Otolaryngology
 - a. Laryngeal Dystonia
 - b. Sialorrhea
- III. Gastroenterology
 - a. Achalasia
 - b. Anal Fissure
- IV. Nephrology
 - a. Overactive Bladder with urge incontinence
- V. Neurology
 - a. Blepharospasm
 - b. Cervical Dystonia
 - c. Hemifacial Spasm
 - d. Laryngeal Dystonia
 - e. Migraine
 - f. Motor Tics
 - g. Neurogenic Urinary Incontinence, Neurogenic Detrusor Overactivity, or Detrusor Sphincter Dyssynergia
 - h. Sialorrhea
 - i. Spasticity
 - j. Upper Extremity Focal Dystonia
- VI. Ophthalmology
 - a. Blepharospasm
 - b. Strabismus
- VII. Physical Medicine and Rehabilitation
 - a. Migraine
 - b. Cervical Dystonia
 - c. Spasticity
 - d. Motor Tics
- VIII. Urology
 - a. Overactive Bladder with urge incontinence

MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
Adopted By MAC	Reapproved	Revised	Retired
January 24, 2019			
		April 25, 2019	
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