



BOTULINUM TOXIN SUPPLEMENTAL CLINICAL GUIDELINE

In accordance with the state Department of Health Care Service's (DHCS) Provider Manual, botulinum toxins A and B are covered when medical necessity is established. The use of botulinum toxins for cosmetic indications is not considered medically necessary and is therefore not a benefit. This guideline is to be used to establish medical necessity based upon the GCHP Evidence based Medical Necessity Criteria hierarchy, which starts with DHCS Provider Manual Criteria, and includes 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.

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| <ul style="list-style-type: none"> I. Dermatology <ul style="list-style-type: none"> a. Hyperhidrosis II. ENT / Otolaryngology <ul style="list-style-type: none"> a. Laryngeal dystonia b. Sialorrhea III. Gastroenterology <ul style="list-style-type: none"> a. Achalasia b. Anal fissure IV. Nephrology <ul style="list-style-type: none"> a. Overactive bladder with or without urgency urinary incontinence V. Neurology <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> VI. Ophthalmology <ul style="list-style-type: none"> a. Blepharospasm b. Strabismus VII. Physical Medicine and Rehabilitation <ul style="list-style-type: none"> a. Migraine b. Cervical dystonia c. Spasticity d. Motor tics VIII. Urology <ul style="list-style-type: none"> a. Overactive bladder with or without urgency urinary incontinence |
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MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
Adopted By MAC	Reapproved	Revised	Retired
January 24, 2019			
		April 25, 2019	
	April 23, 2020		
	April 22, 2021		
	April 21, 2022		
		April 20, 2023	
		July 18, 2024	
MAC Sunset on July 18, 2024			
CREDENTIALING PEER REVIEW COMMITTEE (C/PRC) GUIDELINE HISTORY			
Adopted By C/PRC	Reapproved	Revised	Retired
		March 6, 2025	