

Botulinum toxins type A and type B Botox  
(*onabotulinumtoxin A*) Daxxify  
(*daxibotulinumtoxinA-lanm*) Dysport  
(*abobotulinumtoxin A*) Myobloc  
(*rimabotulinumtoxin B*) Xeomin  
(*incobotulinumtoxin A*)

PA Criteria	Criteria Details
<b>Covered Uses (FDA approved indication)</b>	Coverage is limited to the spastic conditions listed under “Codes that Support Medical Necessity” of the Billing and Coding: Botulinum Toxin Type A & Type B (A57474) article.
<b>Exclusion Criteria</b>	None.
<b>Required Medical Information</b>	Medical records supporting the request must be provided, including documentation of a covered diagnosis, dose and frequency of injections, clinical effectiveness of the injections, and specific site(s) injected.
<b>Other Criteria</b>	<p>Must follow the Centers for Medicare &amp; Medicaid Services. Local Coverage Determination (LCD) L33646 Botulinum Toxins.  <a href="https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33646">https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33646</a></p> <p>Meet the following criteria based on the supported indication for the drug requested. Note that supported indications for individual botulinum toxin type A and toxin type B differ. The indications below do not indicate the requested drug is supported for the indication. It is the responsibility of providers to use each drug in accordance with the supported indications.</p> <ol style="list-style-type: none"> <li>Chronic anal fissures: Must try and fail (defined as an inadequate response) conservative treatment such as topical nitrogen.</li> <li>Chronic migraines: (1) Must have chronic migraines defined as a headache occurring on 15 or more days a month for more than three months, which, on at least eight days/month have the features of migraine headache - AND - (2) Must try and fail (defined as an inadequate response or intolerance) any two of the following drugs: <ul style="list-style-type: none"> <li>Antidepressants (e.g., amitriptyline, nortriptyline)</li> <li>Beta blockers (e.g., propranolol, metoprolol, timolol)</li> <li>Anti-epileptics (e.g., valproate, topiramate)</li> </ul> </li> <li>Detrusor over activity associated with a neurologic condition: (1) Must have documentation of the underlying neurological condition that is the cause of detrusor activity (e.g., spinal cord injury or multiple sclerosis) - AND - (2) Must try and fail (defined as an inadequate response or intolerance) one urinary anticholinergic (e.g., oxybutynin, trospium).</li> <li>Hyperhidrosis: (1) Must have hyperhidrosis that significantly affect patient’s quality of life – AND – (2) Your condition cannot be controlled adequately on topical agents such as aluminum chloride (Drysol).</li> <li>For sialorrhea (excessive salivation): Must try and fail (defined as an inadequate response or intolerance) one anticholinergic drug (e.g., glycopyrrolate, scopolamine patch, benztropine).</li> <li>Urge incontinence/overactive bladder: Must try and fail (defined as an inadequate response or intolerance) one urinary anticholinergic (e.g., oxybutynin, trospium) – AND - Myrbetriq.</li> </ol>
<b>Age Restriction</b>	None.
<b>Prescriber Restrictions</b>	None.

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<b>Coverage Duration</b>	Up to two years. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice. It is usually considered not medically necessary to give injections for spastic conditions more frequently than every 12 weeks.																		
<b>Other Criteria/Information</b>	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="495 533 1511 1121"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J0585</td> <td>Botox (onabotulinumtoxinA)</td> <td><b>Billing unit: 1 unit</b> 100-unit, 200-unit SDV</td> </tr> <tr> <td>J0589</td> <td>Daxxify (daxibotulinumtoxinA)</td> <td><b>Billing unit: 1 unit</b> 100-unit SDV</td> </tr> <tr> <td>J0586</td> <td>Dysport (abobotulinumtoxin A)</td> <td><b>Billing unit: 5 units</b> 300-unit, 500-unit SDV</td> </tr> <tr> <td>J0587</td> <td>Myobloc (rimabotulinumtoxinB)</td> <td><b>Billing unit: 100 units</b> 2500 unit/0.5 mL, 5000 unit/mL, 10,000 unit/2 mL SDV</td> </tr> <tr> <td>J0588</td> <td>Xeomin (incobotulinumtoxin A)</td> <td><b>Billing unit: 1 unit</b> 50-unit, 100-unit, 200-unit SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J0585	Botox (onabotulinumtoxinA)	<b>Billing unit: 1 unit</b> 100-unit, 200-unit SDV	J0589	Daxxify (daxibotulinumtoxinA)	<b>Billing unit: 1 unit</b> 100-unit SDV	J0586	Dysport (abobotulinumtoxin A)	<b>Billing unit: 5 units</b> 300-unit, 500-unit SDV	J0587	Myobloc (rimabotulinumtoxinB)	<b>Billing unit: 100 units</b> 2500 unit/0.5 mL, 5000 unit/mL, 10,000 unit/2 mL SDV	J0588	Xeomin (incobotulinumtoxin A)	<b>Billing unit: 1 unit</b> 50-unit, 100-unit, 200-unit SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025