UTILIZATION MANAGEMENT MEDICAL POLICY

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

REVIEW DATE: 09/23/2026

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.
- Prophylaxis of headaches, 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.

Limitations of Use: Safety and effectiveness of Botox have not been established for:[1]

- Prophylaxis of episodic migraine (14 headache days or fewer per month).
- Treatment of hyperhidrosis in body areas other than axillary.

In the Botox pivotal trials for chronic migraine, patients were adults with ≥ 15 headache days/month with headache lasting 4 hours or more and with ≥ 50% being migraine/probable migraine.[1] Chronic migraine is described by the International Headache Society as headache occurring on ≥ 15 days/month for > 3 months and has the features of migraine headache on ≥ 8 days/month.[41] An updated position statement for the prevention of migraines from the American Headache Society (2024) notes that for prevention of chronic migraine with or without aura, onabotulinumtoxinA is listed as a first-line treatment option 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]

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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] The American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the Management of Anal Fissures (2023) provide a strong recommendation (Grade 1B, moderate-quality evidence) that botulinum toxin A injection yields healing rates comparable to topical therapies as first-line treatment and offers modest improvement in healing as second-line therapy after failed topical treatment for chronic anal fissures.[42]
- **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); data with Botox and Dysport® (abobotulinumtoxinA injection) are cited in the recommendations regarding hemifacial spasm.[7] 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 (Frey's Syndrome):** 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).[9,30-32] 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.

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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.[11-13,27] The American Academy of Oral Medicine clinical practice statement on oromandibular dystonia recommend the use of botulinum type A injections (Botox is referenced).[10] An evidence-based review and assessment (2013) for the treatment of oromandibular dystonia indicate Botox and Dysport may be considered (level C recommendation).[28]
  Note: Meige syndrome is a variant that describes the co-existence of blepharospasm and oromandibular dystonia.
- **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] An evidenced-based review and assessment for the treatment of secretory disorders including sialorrhea indicate Botox should be considered (Level B recommendation).[44] 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] The American College of Chest Physicians (2023) suggests botulinum toxin injection to the salivary glands for patients with neuromuscular disease and sialorrhea who have an inadequate response to, or intolerance of, anticholinergic therapy (conditional recommendation, very low certainty of evidence).[43]

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] 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.

Potency units are specific to each botulinum toxin product and are not interchangeable with, or directly convertible to, the units of another botulinum toxin product.[1]

Definitive dosing has not been established for off-label uses of botulinum toxins, including Botox. Specific dosing 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] The ASCRS guidelines (2023) note there is no consensus on dosing, with reported doses ranging from approximately 20-100 units and a meta-analysis finding no dose dependency for healing, while a separate meta-analysis reported greater efficacy and lower incontinence and recurrence with lower doses.[42]
- **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]

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- **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.[15,36-38]
- **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**: Dosing recommendations are based on available published clinical literature and product labeling from botulinum toxin products approved for sialorrhea.[22,23]

Safety

Botulinum toxin products carry a Boxed Warning regarding the risk of distant spread of toxin effect.[1] Postmarketing reports suggest symptoms consistent with botulinum toxin effects may occur beyond the injection site and may include asthenia, generalized muscle weakness, diplopia, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence, and breathing difficulties. Serious cases, including life-threatening swallowing and breathing difficulties, have been reported.

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. 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.

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

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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 2.4% cloth for topical use), Sofdra (sofpironium 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.

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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 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.

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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.

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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

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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

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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.

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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.

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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.

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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.

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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.

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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.

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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, platysmal bands, or rejuvenation of the periorbital region.

2. **Gastroparesis.** The American College of Gastroenterology clinical practice guideline on gastroparesis (2022) does not recommend intrapyloric botulinum toxin for the treatment for gastroparesis (strong

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recommendation, moderate quality of evidence).[26] This recommendation is based on two double-blind, placebo-controlled studies that demonstrated some improvement in gastric emptying, but no significant improvement in symptoms compared with placebo. Similarly, the American Gastroenterology Association clinical guidance on the management of gastroparesis (2025) suggests against the use of routine intrapyloric botulinum toxin in patients with refractory gastroparesis (conditional recommendation, very low certainty of evidence).[40]

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

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HISTORY

Type of Revision	Summary of Changes	Review Date
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 (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.	10/02/2024
Selected Revision	**Laryngeal Dystonia (Spasmodic Dysphonia):** The dosing limitation was decreased from 400 units to 25 units.	04/16/2025

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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
Update	**06/11/2026: Overview**: The dosing section was updated to remove details regarding dose conversions between botulinum toxins.	--
Annual Revision	**Hyperhidrosis, Primary Axillary**: In the Note providing examples of topical agents for hyperhidrosis, the generic of Sofdra was clarified to sofpironium.	09/23/2026

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