



**Medicare Part D – 2013**

**Prior Authorization Group Description**

BOTOX

**Covered Uses:**

All medically accepted indications not otherwise excluded from Part D.

**Exclusion Criteria:**

**Required Medical Information:**

FOCAL, PRIMARY AXILLARY HYPERHIDROSIS: Condition creates a significant disruption to patient's daily life and ability to work/function or patient has recurrent or chronic irritations and/or infections, dermatitis, skin macerations. CHRONIC MIGRAINE HEADACHE: Patient has a persistent history of chronic, debilitating migraine headaches with frequent attacks on more than 15 days per month AND There is documentation of significant functional disability. MAINTENANCE REQUESTS: Approve as requested.

**Age Restrictions:**

Strabismus or blepharospasm associated with dystonia including benign essential blepharospasm or VII nerve disorders: Approve for patients 12 years or older.

**Prescriber Restrictions:**

Chronic migraine headaches: neurologist.

**Coverage Duration:**

Length of Benefit.

**Other Criteria:**

Chronic migraine headache: patient has failed or had a clinically significant adverse effects to prophylactic treatment with ONE of the following: divalproex, valproic acid, topiramate, timolol or propranolol AND Patient has failed or had a clinically significant adverse effects to abortive therapy with ONE of the following: sumatriptan, rizatriptan, zolmitriptan, naratriptan, almotriptan, frovatriptan, eletriptan, ergotamine/caffeine or dihydroergotamine.