

Medicare Part D – 2016**Prior Authorization Group Description**

BOTOX

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:**Required Medical Information:**

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.

Age Restrictions:

Strabismus or blepharospasm associated with dystonia: For patients 12 years or older.

Prescriber Restrictions:

Chronic migraine headache: In consultation with a Neurologist.

Coverage Duration:

Length of Benefit.

Other Criteria:

Chronic migraine headache: Failure or clinically significant adverse effects to prophylactic treatment with one of the following: divalproex, topiramate, timolol or propranolol AND failure or clinically significant adverse effects to abortive therapy with one of the following: sumatriptan, rizatriptan, zolmitriptan, naratriptan, Axert, Frova, Relpax, ergotamine/caffeine or dihydroergotamine.