

BOTULINUM TOXIN SUPPLEMENTAL CLINICAL GUIDELINE

This guideline is to be used in conjunction with 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.

- I. Dermatology
 - a. Hyperhidrosis
- II. ENT / Otolaryngology
 - a. Laryngeal Dystonia
 - b. Sialorrhea
- III. Gastroenterology
 - a. Achalasia
 - b. Anal Fissure
- IV. Nephrology
 - a. Overactive Bladder with urge incontinence
- V. Neurology
 - 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
- VI. Ophthalmology
 - a. Blepharospasm
 - b. Strabismus
- VII. Urology
 - a. Overactive Bladder with urge incontinence

MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
Adopted By MAC	Reapproved	Revised	Retired
January 24, 2019			