

Affected Programs: BadgerCare Plus, Medicaid

To: Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

Prior Authorization Will No Longer Be Required for OnabotulinumtoxinA (Botox®) When Used to Treat Chronic Migraines

Effective for dates of service on and after June 1, 2016, prior authorization will no longer be required for OnabotulinumtoxinA (Botox®) when used to treat chronic migraines. Instead, providers will be required to follow the procedures for diagnosis-restricted provider-administered drugs for coverage of Botox®. Clinical criteria for the use of Botox® for the treatment of chronic migraines must still be met and documented in the member's medical record. This *ForwardHealth Update* outlines the clinical criteria that must be met for coverage of Botox® for the treatment of chronic migraines and provides information regarding diagnosis-restricted provider-administered drugs.

Prior Authorization No Longer Required

Effective for dates of service on and after June 1, 2016, prior authorization (PA) will no longer be required for coverage of OnabotulinumtoxinA (Botox®) when used for the treatment of chronic migraines. Instead, providers will be required to follow the procedures for diagnosis-restricted provider-administered drugs for coverage of Botox®. Clinical criteria for the use of Botox® for the treatment of chronic migraines must still be met and must be documented in the member's medical record. Claims for Botox® to treat chronic migraines are only reimbursable without PA when submitted with one of the approved *International Classification of Diseases* (ICD) diagnosis codes.

Note: Coverage policy and requirements for the use of botulinum toxin for the treatment of other conditions are not changing.

Clinical Criteria for Coverage of Botox® to Treat Chronic Migraines

Clinical criteria for coverage of Botox® for the treatment of chronic migraines are **all** of the following:

- The member is 18 years of age or older.
- The dosing range is no greater than 200 units per treatment.
- The service is ordered by the provider who has evaluated and diagnosed the member as experiencing chronic migraines using the revised International Headache Society criteria for chronic migraines.
- The member has experienced headaches (tension-type and/or migraine) for **three or more** months that have lasted **four or more** hours per day on **15 or more** days per month, with **eight or more** headache days per month being migraines/probable migraines (and that are not due to medication overuse or attributed to another causative disorder).
- The member scored a grade indicating moderate to severe disability on the Migraine Disability Assessment (MIDAS) test, or on a similar validated tool. The MIDAS test was developed by the American Headache Society for Headache Education.

- The rendering provider has discussed alternative non-pharmacological treatment options with the member, such as behavioral therapies, physical therapies, and lifestyle modifications.
- **One** of the following is true:
 - ✓ The member has tried migraine prophylaxis medications from **three or more** of the drug categories listed below and experienced an unsatisfactory therapeutic response or experienced a clinically significant adverse drug reaction:
 - Antidepressants
 - Anticonvulsants
 - Beta blockers
 - Calcium channel blockers
 - Other drugs
 - ✓ The member has a medical condition that prevents him or her from trying migraine prophylaxis medications from **three or more** of the previously listed drug categories, or there is a clinically significant drug interaction with a medication the member is currently taking that prevents him or her from trying migraine prophylaxis medications from **three or more** of the previously listed drug categories.

Note: In order for the member to qualify for the treatment, his or her medical record must support the clinical criteria outlined, and the medical records must be made available upon audit request.

If one of the ForwardHealth-approved chronic migraine diagnoses is appropriate for the member, but not **all** of the above clinical criteria are met, the provider may submit a PA request on the Prior Authorization/“J” Code Attachment (PA/JCA), F-11034 (07/12), along with clinical documentation explaining the reason for the PA request. Depending on the specific clinical criteria that have not been met, the prescriber is required to submit appropriate clinical documentation, such as the following:

- Peer-reviewed medical literature to support the proven efficacy and safety of the requested use
- Documentation of the clinical rationale to support the medical necessity

- Documentation of previous treatments and detailed reasons why other covered drug treatments were discontinued or not utilized
- Medical records

Treatment Frequency

If a member meets the clinical criteria required for coverage of Botox® for the treatment of chronic migraines, ForwardHealth will cover no more than two treatments in six months.

To continue treatment, a member must experience clinically significant and documented improvement in the frequency or duration of chronic migraines using at least **one** of the following indicators:

- Reduction in acute services, emergency services, or need for rescue treatment for acute chronic migraines
- At least a 40 percent reduction in the frequency, severity, or length of chronic migraines
- Improved assessment score on the MIDAS test or on a similar validated tool
- Reduced use of analgesics

Overall frequency of treatment should not exceed more than one treatment every three months.

Diagnosis-Restricted Provider-Administered Drug Requirements

The member’s medical record must include documentation that the member meets the clinical criteria for the use of Botox® for chronic migraines and that the diagnosis is appropriate. For more information regarding requirements for diagnosis-restricted provider-administered drugs, refer to the Provider-Administered Drugs topic (topic #506) of the Medicine Services chapter of the Covered and Noncovered Services section of the Physician service area of the ForwardHealth Online Handbook at www.forwardhealth.wi.gov/. For a list of identified diagnosis-restricted provider-administered drugs, refer to the Diagnosis Code-Restricted Physician-Administered Drugs data table on the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/content/provider/medicaid/physician/data_tables/index.htm.spage/.

Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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