Clinical Policy: Botulinum Toxins

Description
The intent of the criteria is to ensure that patients follow selection elements established by Centene® medical policy for onabotulinumtoxinA (Botox®), abobotulinumtoxinA (Dysport®), rimabotulinumtoxinB (Myobloc®), and incobotulinumtoxinA (Xeomin®) and which does not cover cosmetic purposes.

FDA-Approved Indications

Botox is indicated for:¹
- Treatment of adults with cervical dystonia, to reduce the severity of abnormal head position and neck pain associated with cervical dystonia
- Treatment of upper limb spasticity in adult patients to decrease the severity of increased muscle tone in elbow flexors (biceps), wrist flexors (flexor carpi radialis and flexor carpi ulnaris), finger flexors (flexor digitorum profundus and flexor digitorum sublimis), and thumb flexors (adductor pollicis and Flexor pollicis longus).
- Treatment of severe primary axillary hyperhidrosis that is inadequately managed with topical agents in adult patients.
- Treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age and above
- Prophylaxis of headaches in adults with chronic migraine (≥15 days per month with headache lasting 4 hours a day or longer)
- Treatment of urinary incontinence due to detrusor over activity associated with a neurologic condition (e.g., SCI, MS) in adults who have an inadequate response to or are intolerant of an anticholinergic medication
- Treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication

Dysport is indicated for:²
- Treatment of adults with cervical dystonia to reduce the severity of abnormal head position and neck pain in both toxin-naïve and previously treated patients

Myobloc is indicated for:³
- Treatment of adults with cervical dystonia to reduce the severity of abnormal head position and neck pain associated with cervical dystonia

Xeomin is indicated for:⁴
- Treatment of adults with cervical dystonia to decrease the severity of abnormal head position and neck pain in both botulinum toxin-native and previously treated patients.
- Treatment of adults with blepharospasm who were previously treated with onabotulinumtoxin A (Botox)
Compendial Uses
The off-label uses listed below apply only to Botox.\textsuperscript{12,13,14,15,16,17,18}

- Chronic anal fissures
- Cerebral palsy
- Dystonias including idiopathic torsion dystonia, myoclonus dystonia, and oromandibular dystonia
- Esophageal achalasia
- Laryngeal spasm, spasmodic dysphonia
- Hirschsprung’s with internal sphincter achalasia
- Spastic conditions refractory to conventional therapy

Policy/Criteria
It is the policy of health plans affiliated with Centene Corporation\textsuperscript{R} that Botox, Dysport, Myobloc and Xeomin are medically necessary when used for non-cosmetic and approved medical indications in members who meet the following algorithm criteria:

\textbf{Figure 1:} Botox Safety and Diagnosis Algorithm
\textbf{Figure 2:} Botox Algorithm (cont’d)
\textbf{Figure 3:} Botox Algorithm (cont’d)
\textbf{Figure 4:} Botox - Chronic Migraine Algorithm
\textbf{Figure 5:} Dysport and Myobloc Algorithm
\textbf{Figure 6:} Xeomin Algorithm
\textbf{Figure 7:} Botulinum Toxins Re-authorization Algorithm
Figure 2: Botox Algorithm (cont’d)

From Figure 1

What is the diagnosis?

Other

Proceed to Figure 3

Primary axillary hyperhidrosis

Upper limb spasticity

Hirschsprung disease

Ultra-short segment Hirschsprung disease or Internal anal sphincter achalasia

Tried and failed 6 months topical aluminum chloride and at least one pharmacotherapy (anticholinergic, beta-blocker, benzodiazepine)?

No

No

Prescribed to treat spasticity of the elbow, hands, or fingers?

For constipation due to increased internal anal sphincter tone after surgery?

No

Yes

Deny

Deny

Failed ≥2 month trial of high fiber diet, adequate fluids, stool softeners and laxatives?

Yes

No

Yes

Deny

Approve one injection or a single treatment regimen

Age ≥ 18 years

No

Approve one injection or a single treatment regimen

Deny
Figure 5: Dysport and Myobloc Algorithm

Is therapy requested for cosmetic purposes (e.g., treatment of wrinkles)?

Yes

No

Age ≥ 18 years?

Yes

No

Any contraindications to prescribed therapy? (Dysport Appendix B) (Movilc Appendix G)

Yes

No

Diagnosis of cervical dystonia (e.g., torticollis)?

Yes

No

Approve one injection or a single treatment regimen

Deny

Deny

Deny
Figure 6: Xeomin Algorithm

Is therapy prescribed for cosmetic purposes (e.g., treatment of wrinkles)?

Yes

Deny

Contraindication to Xeomin therapy? (See App. B)

Yes

Deny

No

What is the diagnosis?

Blepharospasm

Cervical dystonia (e.g., torticollis)

Previously received treatment with Botox?

No

Deny

Age ≥ 18 years?

No

Deny

Yes

Approve one injection or a single treatment regimen
**CLINICAL POLICY**

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**Background**

Botox is used to treat cervical dystonia, with the main objective being improvement in head position and a decrease in pain intensity, which may last for up to three months.¹ Dysport, Myobloc, and Xeomin are also intended to reduce the severity of abnormal head position and neck pain associated with cervical dystonia.²-⁴ Botox is effective for blepharospasm and strabismus up to 50 prism diopters associated with dystonia, including benign essential blepharospasm and VII cranial nerve disorders.¹ Xeomin is approved for treatment of blepharospasm in patients who were previously treated with Botox.⁴

Botox has been approved for the treatment of primary axillary hyperhidrosis.¹,⁵ It is to be used when no secondary causes of hyperhidrosis can be identified, and the patient has had an inadequate response to conventional topical treatments. Botox has also been approved for the treatment of adults with spasticity in the flexor muscles of the elbow, wrist, and fingers.¹

Botox is indicated for the prophylaxis of headache in patients with chronic migraine.¹ Chronic migraine is defined as headache that occurs on ≥15 days per month for at least 3 months.⁶ In a pooled analysis of 2 phase III studies in patients with chronic migraine, Botox was significantly more effective than placebo in reducing the frequency of headache days after two 12-week injection cycles.
Botox was well tolerated and few patients discontinued treatment due to adverse events.

Oral medications such as beta-blockers, antiepileptic drugs, and antidepressants have also been shown to be effective for prevention of migraine headaches. If tolerated, it is recommended that these agents be given for a period of 8 to 12 weeks to appropriately assess response, prior to Botox use. Successful prophylaxis or a substantial benefit of prophylactic therapy is usually defined as a 50% reduction in migraine headache frequency.

Botox is also approved for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency in adults who have an inadequate response to or are intolerant of an anticholinergic medication. The efficacy of Botox in treatment of overactive bladder was evaluated in 1105 patients from two randomized, double-blind, placebo-controlled, multi-center 24-week trials. Study participants had to have at least 3 urinary urge incontinence episodes and at least 24 micturitions in 3 days prior to entering the studies. An injection of 100 units of Botox into the detrusor muscle resulted in a significant improvement compared to placebo in change from baseline at week 12 in urinary incontinence episodes per day in both trials. Patients were eligible for a second dose if at least 12 weeks had passed since prior treatment, post-void residual urine volume was less than 200mL, and they reported at least 2 urinary incontinence episodes over 3 days.

Clinical improvement generally begins within the first two weeks after injection with maximum clinical benefit at approximately six weeks post-injection.

Important limitations: Safety and effectiveness of Botox have not been established for:
- Prophylaxis of episodic migraine (14 headache days or fewer per month).
- Treatment of upper limb spasticity in pediatric patients, and for the treatment of lower limb spasticity in adult and pediatric patients. Treatment with BOTOX is not intended to substitute for usual standard of care rehabilitation regimens.
- Treatment of hyperhidrosis in body areas other than axillary.

There is evidence supporting the use of Botox as an adjunct in managing spasticity in the upper and lower extremities of children with cerebral palsy but there is conflicting evidence regarding functional improvement. Botox was found to be generally safe in children with cerebral palsy; however, the FDA is presently investigating isolated cases of generalized weakness resulting in poor outcomes. For persistent muscle spasms in the legs of children who have cerebral palsy the dose (Units per affected area) in the first treatment is 4 Units/kg (hemiplegia)/6 Units/kg (diplegia). The minimal time between treatments is 3 months. The recommended dose range is 2 to 10 units/kg per target muscle. Botox should only be administered by a physician knowledgeable of the anatomy and function of the affected muscles. Dose selection is determined by the indication. To minimize the potential for antibody development, it is recommended that no more than 12 units/kg or 400 units (whichever is smaller) be administered at one time and that there be a minimum interval of 3 months between months between treatments.

Dysport inhibits release of the neurotransmitter, acetylcholine, from peripheral cholinergic nerve endings. Toxin activity occurs in the following sequence: Toxin heavy chain mediated binding to specific surface receptors on nerve endings, internalization of the toxin by receptor mediated...
endocytosis, pH-induced translocation of the toxin light chain to the cell cytosol and cleavage of SNAP25 leading to intracellular blockage of neurotransmitter exocytosis into the neuromuscular junction. This accounts for the therapeutic utility of the toxin in diseases characterized by excessive efferent activity in motor nerves. Myobloc specifically has been demonstrated to cleave synaptic Vesicle Associated Membrane Protein (VAMP) which is a component of the protein complex responsible for docking and fusion of the synaptic vesicle to the presynaptic membrane, a necessary step to neurotransmitter release.

The efficacy of Dysport was evaluated in two well-controlled, randomized, double-blind, placebo controlled, single dose, parallel group studies in treatment-naïve cervical dystonia patients. The principal analyses from these trials provide the primary demonstration of efficacy involving 252 patients. The primary assessment of efficacy for both Dysport and Myobloc was based on the total Toronto Western Spasmodic Torticollis Rating Scale (TWSTRS) change from baseline at week 4 for both studies. The adjusted mean change from baseline in the TWSTRS total score was statistically significantly greater for the Dysport group than the placebo group at weeks 4 in both studies. Two phase 3, randomized, multi-center, double-blind, placebo controlled studies of the use of Myobloc for treatment of cervical dystonia were conducted. There were no statistically significant differences in results between the 5,000 units and 10,000 unit doses. Exploratory analyses of these two studies suggested that the majority of patients who showed a beneficial response by week 4 had returned to their baseline status between weeks 12 to 16 post injection. Although there was a Myobloc associated decrease in pain, there remained many patients who experienced an increase in dystonia-related neck pain irrespective of treatment group.

SAFETY

**BLACK BOX WARNING: DISTANT SPREAD OF TOXIN EFFECT**

Postmarketing reports indicate that the effects of BOTOX and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have an underlying condition that would predispose them to these symptoms. In unapproved uses, including spasticity in children, and in approved indications, cases of spread of effect have been reported at doses comparable to those used to treat cervical dystonia and upper limb spasticity and at lower doses.

Botox, Dysport, Xeomin, and Myobloc are contraindicated in patients who have a known hypersensitivity to any botulinum toxin preparation or to any components of the formulation and in patients with an infection at the proposed site(s) of injection. Intradetrusor injection of botulinum toxin type A is contraindicated in patients with overactive bladder or detrusor over activity associated with a neurologic condition who have a urinary tract infection. Intradetrusor injection is also contraindicated in patients with urinary retention and patients with post-void residual urine volume > 200mL who are not routinely performing clean intermittent self-catheterization. Dysport contains trace amounts of cow’s milk protein and is contraindicated in patients who are known to have an
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allergy to cow’s milk.² It is important to note that the potency units of Dysport are not interchangeable with other preparations of botulinum toxin products and, therefore, units of biological activity of Dysport cannot be compared to or converted into units of any other botulinum toxin products.

Appendices
Appendix A: Abbreviation key
- App. = appendix
- CCB = calcium channel blocker

Appendix B: Contraindications to Botox, Dysport, Myobloc and Xeomin¹³
- Hypersensitivity to any botulinum toxin preparation or any components of the formulation
- Infection at the proposed injection site(s)
- Allergy to cow’s milk protein (contraindication for Dysport only)
- Intradetrusor injections: urinary tract infection or urinary retention (Botox only)
- In treating adult patients for one or more indications, the maximum cumulative dose should not exceed 400 Units, in a 3 month interval (Botox)

Appendix C: Examples of conventional therapy for chronic anal fissures
- High fiber diet and adequate fluids
- Bulk fiber supplements
- Stool softeners
- Warm sitz baths
- Nitroglycerin 0.2% ointment

Appendix D: Examples of conditions associated with spasticity
- Stroke
- Spinal cord injury
- Traumatic brain injury
- Hereditary spastic paraplegia (limited to spastic hypertonia and alleviation of pain or the ability to perform daily functions of life)

Appendix E: Examples of conventional therapy for spastic conditions (list not all inclusive)
- Baclofen
- Benzodiazepines
- Dantrolene sodium
- Tizanidine
- Physical therapy

Appendix F: Preventative therapies for migraine¹³-¹⁶
- Antiepileptic drugs
  - Divalproex sodium
  - Topiramate
  - Gabapentin
- Antidepressants
  - Amitriptyline
- Beta-blockers
  - Propranolol
  - Timolol
  - Nadolol
- Calcium channel blockers
  - Nimodipine
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- Verapamil
- *Nonsteroidal anti-inflammatory drugs*
- Naproxen

Appendix G: Examples of anticholinergics for overactive bladder
- Oxybutynin Chloride
- Tolterodine Tartrate

Appendix H: Behavioral therapy
- Bladder training
- Pelvic floor muscle training
- Smoking cessation
- Avoidance of caffeine
- Fluid management

Appendix I: Dosing and Approval Duration by Indication

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indications</th>
<th>Dosage (units)</th>
<th>Duration of Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Botox</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical dystonia</td>
<td>198-300</td>
<td>1 per 12 wks</td>
<td></td>
</tr>
<tr>
<td>Blepharospasm</td>
<td>1.25 - 2.5 *At repeat treatment sessions, dose may be increased up to two-fold if response from initial treatment is considered insufficient</td>
<td>1 per 12 wks</td>
<td></td>
</tr>
<tr>
<td>Strabismus</td>
<td>1.25 -2.5 or 2.5 -5 in any one muscle. Max recommended dose as a single injection for any one muscle is 25</td>
<td>1 per 12 wks</td>
<td></td>
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<tr>
<td>Esophageal achalasia</td>
<td>100</td>
<td>1 per 24 wks. Max 1 year.</td>
<td></td>
</tr>
<tr>
<td>Chronic anal fissures</td>
<td>20-40. Max-100 per treatment</td>
<td>1 per 12 wks</td>
<td></td>
</tr>
<tr>
<td>Primary axillary hyperhidrosis</td>
<td>50 per axilla. Max- 360 per treatment</td>
<td>1 per 12 wks</td>
<td></td>
</tr>
<tr>
<td>Upper limb spasticity</td>
<td>100–200 divided in 4 sites</td>
<td>1 per 12 wks</td>
<td></td>
</tr>
<tr>
<td>Biceps brachii</td>
<td>12.5 – 50 per site</td>
<td></td>
<td></td>
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<tr>
<td>Flexor carpi radialis</td>
<td>12.5 – 50 per site</td>
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<td></td>
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<tr>
<td>Flexor carpi ulnaris</td>
<td>30 – 50 per site</td>
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<tr>
<td>Flexor digitorum profundus</td>
<td>30 – 50 per site</td>
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<tr>
<td>Flexor digitorum sublimis</td>
<td>20 per site</td>
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<tr>
<td>Adductor pollicis</td>
<td>20 per site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexor pollicis longus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hirschsprung’s w/internal sphincter achalasia</td>
<td>40-100</td>
<td>1 per 12 wks</td>
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</tbody>
</table>
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<table>
<thead>
<tr>
<th>Medication</th>
<th>Indications</th>
<th>Dosage (units)</th>
<th>Duration of Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dystonia- idiopathic torsion</td>
<td>2-4 per kg of body weight</td>
<td>1 per 12 wks</td>
</tr>
<tr>
<td></td>
<td>Dystonia- myoclonus</td>
<td>100-150</td>
<td>1 per 12 wks</td>
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<tr>
<td></td>
<td>Dystonia- oromandibular</td>
<td>20 in each muscle</td>
<td>1 per 12 wks</td>
</tr>
<tr>
<td></td>
<td>Spastic condition (See Appendix D)</td>
<td>2-4 per kg of body weight</td>
<td>1 per 12 wks</td>
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<tr>
<td></td>
<td>Overactive bladder</td>
<td>100</td>
<td>1 per 12 wks</td>
</tr>
<tr>
<td></td>
<td>Urinary incontinence</td>
<td>200</td>
<td>1 per 12 wks</td>
</tr>
<tr>
<td></td>
<td>Cerebral palsy</td>
<td>4/kg</td>
<td>1 per 12 wks</td>
</tr>
<tr>
<td></td>
<td>Chronic migraine</td>
<td>155</td>
<td>1 per 12 wks</td>
</tr>
<tr>
<td><strong>Dysport</strong></td>
<td>Cervical dystonia</td>
<td>250-1000</td>
<td>1 per 12 wks</td>
</tr>
<tr>
<td><strong>Myobloc</strong></td>
<td>Cervical dystonia</td>
<td>2500-5000</td>
<td>1 per 12 wks</td>
</tr>
<tr>
<td><strong>Xeomin</strong></td>
<td>Cervical dystonia</td>
<td>120</td>
<td>1 per 12 wks</td>
</tr>
<tr>
<td></td>
<td>Blepharospasm</td>
<td>1.25-2.5</td>
<td>1 per 12 wks</td>
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**Appendix J: Clinical features of cervical dystonia/spasmodic torticollis**

Involuntary, tonic or clonic contractions in the neck and shoulder muscles (e.g., splenius, sternocleidomastoid, levator scapulae, scalene, trapezius, posterior cervical) that result in:

- Sustained, abnormal postures of the head, neck, and shoulders; and/or
- Overlying spasms that produce tremor-like movements with directional quality

**Clinical Presentation:**

- Neck twists to the side (torticollis)
- Head tips forward (anterocollis)
- Head tips back (retrocollis)
- Head tilts toward the ear (laterocollis)
- Shoulder elevates toward the ear
- Neck shifts away from the center of the body

**References**


Reviews, Revisions, and Approvals

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
<th>Approval Date</th>
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<tr>
<td>Added new FDA-approved indication for urinary incontinence along with requirement for trials on two anticholinergics before initiating therapy</td>
<td>05/12</td>
<td>06/12</td>
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<tr>
<td>Added treatment indication for overactive bladder</td>
<td>06/13</td>
<td>06/13</td>
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<tr>
<td>Authorization Protocol Note for Continued Authorization inadvertantly left off form prior version. Replaced under Policy/Criteria</td>
<td>09/13</td>
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<td>Added limitations regarding the safety and efficacy of Botox use. Updated Appendix B, added Appendices H and I, and updated algorithms. Updated Botox use for axillary hyperhidrosis to match CP.MP.62 Hyperhidrosis Treatments policy</td>
<td>06/14</td>
<td>06/14</td>
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<tr>
<td>Added orthopedist or physiatrist to figure 1 prescribers for cervical dystonia Enhanced safety information on Dysport Added Appendix J</td>
<td>04/15</td>
<td>05/15</td>
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<td>Added additional diagnosis criteria to Fig 1 for torticollis and blepharospasm dystonia Added Figure 5. Botox reauthorization algorithm Efficacy data added for Myobloc and Dysport Added Figure 7: Reauthorization algorithm Removed Authorization protocol note for continued authorization Added background information for cerebral palsy</td>
<td>07/15</td>
<td>08/15</td>
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<td>Added updated PI indications – addition of thumb flexors along with its dosing in Appendix I; and general dosing information – addition of 400 unit limit in 3 months to Appendix I and Appendix B – App B is used in Figure 1 – safety algorithm for Botox) Appendix I: changed every 24 weeks to every 12 weeks for overactive bladder per PI</td>
<td></td>
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**Botulinum Toxins**

## Reviews, Revisions, and Approvals

| Review/Revision                                                                 | Date  
|--------------------------------------------------------------------------------|-------
| Figure 1: removed question about 50 units from the cervical dystonia question group – average amounts used in cervical dystonia studies per PI is up to 300 units; esophageal achalasia: removed requirement for trial and failure of conventional therapy |       
| Figure 2: Added two conditions related to Hirschsprung disease (HD), short segment HD and internal anal sphincter achalasia. |       
| Figure 3: updated appendices to appropriate references; required trial and failure of ≥2 conventional therapies for spastic conditions; required trial of ≥ 2 anticholinergics for overactive bladder and urinary incontinence |       
| Figure 4: Require trial of ≥ 2 oral migraine therapies |       
| Enhanced Figure 1 with criteria reference to figures 5 and 6 for applicable indications |       
| Figure 7: changed lifetime limit of 2 injections to “has the patient received equal to or greater than 400 units of Botox in the last 3 months (per PI)?” and then with no lifetime limit. Referral to medical direction on reauth for quantities ≥400 units |       
| Updated black box warning to include upper limb spasticity |       
| Updated template and disclaimer language | 01/16

## Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.
This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at [http://www.cms.gov](http://www.cms.gov) for additional information.

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