Medical Pharmacy Drug Prior Authorization Criteria

Drug Trade Name:	Botox®	**Drug Generic Name:**	OnabotulinumtoxinA
J Code:	J0585	**1 billable unit =**	1 unit
Original Date of Review:	12/7/2022	**Last Reviewed:**	9/11/2024
Revision Date History	12/7/2022, 3/15/2023, 8/30/23, 12/13/2023, 9/11/2024		

OnabotulinumtoxinA is a neuromuscular blocking agent.

Criteria:

- **Length of authorization:**
  - Initial authorizations for 6 months
  - Renewal authorization for up to 12 months for all listed indications except Ventral Hernia
  - Preoperative use in Ventral Hernia **may not** be renewed
- **Age:** see below for product specific requirements
- **Diagnoses [including ICD-10 codes]:** see below
- **Quantity Limit:**
  - Botox 50-unit powder for injection: 1 vial per 84 days
  - Botox 100-unit powder for injection: 1 vial per 84 days
  - Botox 100-unit powder for injection: 5 vials once (**Ventral Hernia only**)
  - Botox 200-unit powder for injection: 2 vials per 84 days
- **Maximum Units:**

Indication	Billable Units	Per Number of Days
Blepharospasm	200	84
Cervical Dystonia	300	84
Strabismus	100	84
Esophageal Achalasia	100	168
Adult Upper Limb Spasticity	400	84
Adult Lower Limb Spasticity	400	84
Chronic Migraine	200	84
Severe Primary Axillary Hyperhidrosis	100	112
Sialorrhea	100	84
Neurogenic Bladder/Detrusor Overactivity	200	84
Overactive Bladder	100	84
Chronic Anal Fissures	100	84
Palmar Hyperhidrosis	200	168
Pediatric Upper limb Spasticity	300	84
Pediatric Lower Limb Spasticity	300	84
Laryngeal Dystonia	100	84
Hemifacial Spasms	100	84
Oromandibular Dystonia	200	84
Ventral Hernia	500	N/A
All other indications	400	84

- **Initial Approval Criteria**
  - **Universal Criteria [if applicable]**
    - Patient evaluated for any disorders which may contribute to respiratory or swallowing difficulty; **AND**
    - Patient does not have a hypersensitivity to any botulinum toxin product; **AND**

- Provider attests that the patient will be screened for active infection at the injection site prior to each administration of this medication; **AND**
- Patient is not on concurrent treatment with another botulinum toxin (i.e., abobotulinumtoxinA, incobotulinumtoxinA, rimabotulinumtoxinB, etc.); **AND**

- **Indication Specific Criteria [if applicable]**
  - **Blepharospasms**
    - Patient is at least 12 years of age
    - Patient has a history of recurrent involuntary contraction of one or more muscles of the eye including orbicularis oculi, procerus, corrugator, or other periocular muscles; **AND**
      - Patient has moderate to severe symptoms; **OR**
      - Symptoms interfere with activities such as reading or driving
  - **Cervical Dystonia**
    - Patient is at least 16 years of age; **AND**
    - Patient has a history of recurrent involuntary contraction of one or more muscles in the neck; **AND**
      - Patient has sustained head tilt; **OR**
      - Patient has abnormal posturing with limited range of motion in the neck
  - **Strabismus**
    - Patient is at least 12 years of age
  - **Spastic Conditions**
    - Patient has **one** of the following:
      - Upper/Lower limb spasticity in adults (i.e., used post-stroke forspasms)
      - Pediatric upper limb spasticity in patients aged 2 years or greater (i.e., used post-stroke for spasms or for spasms related to cerebral palsy)
      - Pediatric lower limb spasticity in patients aged 2 years or greater
      - Spasticity due to multiple sclerosis or Schilder's disease
      - Acquired spasticity secondary to spinal cord or brain injuries
      - Spastic Plegic conditions including Monoplegia, Diplegia, Hemiplegia, Paraplegia (including Hereditary spastic paraplegia) and Quadriplegia
      - Hemifacial Spasm
  - **Severe Primary Axillary Hyperhidrosis**
    - Clinical documentation demonstrates patient has tried and failed ≥ 1 month trial of a topical agent (i.e., aluminum chloride, glycopyrronium, etc.); **AND**
      - Patient has a history of medical complications such as skin infections or significant functional impairments; **OR**
      - Patient has had a significant burden of disease or impact to activities of daily living due to condition (e.g., impairment in work performance/productivity, frequent change of clothing, difficulty in relationships and /or social gatherings, etc.)
  - **Prophylaxis for Chronic Migraines**
    - Clinical documentation demonstrates patient has 15 or more headache (tension-type-like and/or migraine-like)days per month for at least 3 months; **AND**
      - At least five attacks have features consistent with migraine (with and/or without aura); **AND**
    - Not used in combination with calcitonin gene-related peptide (CGRP) inhibitors (e.g., Vyepti® [eptinezumab], Aimovig® [erenumab], Emgality® [galcanezumab], Ajovy® [fremanezumab], Nurtec® [rimegepant], Qulipta® [atopepant],etc.) unless the following conditions have been met**:**

        - Patient is utilizing a CGRP for acute migraine treatment; **OR**
        - Patient failed or had an inadequate response after a 3-month trial of monotherapy with Botox or a CGRP used for migraine prophylaxis; **AND**
    - Clinical documentation demonstrates patient had an inadequate response to an 8-week trial to at least one formulary medication from 2 of the first line drug classes used for migraine prophylaxis (see *Migraine-Prophylaxis Oral Medications* list below); **OR** has documented allergies/contraindications to all preventative medication classes listed below; **AND**
    - Patient is utilizing prophylactic intervention modalities (i.e., pharmacotherapy, behavioral therapy, physical therapy, etc.); **AND**
    - Clinical documentation demonstrates patient failed, or has a contraindication or intolerance to, acute/abortive therapies with both a triptan and one or more of the following: ergot/butalbital combination product, NSAID, and/or opiate
- **Esophageal Achalasia**
    - Patient is at high risk of complication from pneumatic dilation, surgical myotomy or peroral endoscopic myotomy (POEM); **OR**
    - Patient has had treatment failure with pneumatic dilation, surgical myotomy, or POEM; **OR**
    - Patient has had a perforation from pneumatic dilation; **OR**
    - Patient has an epiphrenic diverticulum or hiatal hernia; **OR**
    - Patient has esophageal varices
- **Focal Dystonias**
    - Focal upper limb dystonia
        - Patient has functional impairment; **OR**
        - Patient has pain as a result
    - Laryngeal dystonia
    - Oromandibular dystonia
        - Patient has functional impairment; **OR**
        - Patient has pain as a result
- **Sialorrhea associated with neurological disorders**
    - Patient has a history of troublesome sialorrhea for at least a 3-month period; AND
        - Patient has Parkinson's disease; **OR**
        - Patient has severe developmental delays; **OR**
        - Patient has cerebral palsy; **OR**
- **Incontinence due to detrusor overactivity**
    - Patient is at least 5 years of age; **AND**
    - Patient does not have a current, untreated urinary tract infection; **AND**
    - Patient has detrusor overactivity associated with a neurologic condition (i.e., spinal cord injury, multiple sclerosis, etc.) that is confirmed by urodynamic testing; **AND**
    - Clinical documentation demonstrates patient has failed a 1 month or longer trial of two medications from either the antimuscarinic (i.e., darifenacin, fesoterodine, oxybutynin, solifenacin,tolterodine or trospium) or beta-adrenergic (i.e., mirabegron) classes
- **Overactive Bladder (OAB)**
    - Patient does not have a current, untreated urinary tract infection; AND
    - Patient has symptoms of urge urinary incontinence, urgency, and frequency; AND
    - Clinical documentation demonstrates patient has failed a 1 month or longer trial of two medications from either the antimuscarinic (i.e., darifenacin, fesoterodine, oxybutynin, solifenacin,tolterodine or trospium)

and/or beta-adrenergic (i.e., mirabegron) classes

- **Severe Palmar Hyperhidrosis**
  - Clinical documentation demonstrates patient has tried and failed ≥ 1 month trial of a topical agent (i.e., aluminum chloride, etc.); **AND**
  - Clinical documentation demonstrates patient has failed with iontophoresis; **AND**
  - Patient has a history of medical complications such as skin infections or significant functional impairments; **OR**
  - Patient has had a significant impact to activities of daily living due to condition
- **Chronic Anal Fissure**
  - Other causes of disease have been ruled out (i.e., Crohn's Disease, etc.); **AND**
  - Clinical documentation demonstrates patient has failed on non-pharmacologic supportive measures (i.e., sitzbaths, psyllium fiber, bulking agents, etc.); **AND**
  - Clinical documentation demonstrates patient has tried and failed a ≥ 1 month trial of conventional pharmacologic therapy (i.e. oral/topical nifedipine, diltiazem, and/or topical nitroglycerin,bethanechol, etc.)
- **Ventral Hernia**
  - Patient has a large ventral hernia with loss of domain or contaminated ventral hernia; **AND**
  - Used preoperatively in patients scheduled to receive abdominal wall reconstruction (AWR)

Migraine-Prophylaxis Oral Medications (inclusive list)

- Antidepressants (amitriptyline, nortriptyline, venlafaxine)
- Beta blockers (propranolol, metoprolol, nadolol, timolol, atenolol,)
- Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (ex. lisinopril, candesartan, etc.)
- Anti-epileptics (divalproex, valproate, topiramate)
- Calcium channels blockers (verapamil)

Migraine Features

Migraine without aura

- At least five attacks have the following:
  - Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated)
  - Headache has **at least two** of the following characteristics:
    - Unilateral location
    - Pulsating quality
    - Moderate or severe pain intensity
    - Aggravation by or causing avoidance of routine physical activity (e.g., walking or climbing stairs); **AND**
  - During headache at least one of the following:
    - Nausea and/or vomiting
    - Photophobia and phonophobia

Migraine with aura

- **At least two** attacks have the following:
  - **One or more** of the following fully reversible aura symptoms:
    - Visual
    - Sensory
    - Speech and/or language
    - Motor
    - Brainstem
    - Retinal; **AND**
  - **At least three** of the following characteristics:
    - At least one aura symptom spreads gradually over ≥5 minutes
    - Two or more symptoms occur in succession
    - Each individual aura symptom lasts 5 to 60 minutes
    - At least one aura symptom is unilateral
    - At least one aura symptom is positive (e.g., scintillations and pins and needles)
    - The aura is accompanied, or followed within 60 minutes, by headache

- **Renewal Criteria**
  - Coverage can be renewed based upon the following criteria:
    - Patient continues to meet initial approval criteria, which includes both universal and indication specific criteria; **AND**
    - Absence of unacceptable toxicity from the drug.
      - Examples of unacceptable toxicity include: symptoms of a toxin spread effect (i.e., asthenia, generalized muscle weakness, diplopia, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence, swallowing/breathing difficulties, etc.), severe hypersensitivity reactions, severe pulmonary effects (i.e., reduced pulmonary function), corneal exposure/ulceration, retrobulbar hemorrhage, bronchitis/upper-respiratory tract infections, autonomicdysreflexia, urinary tract infection, and urinary retention, etc.; **AND**
  - **Disease response as evidenced by the following:**
    - **Blepharospasms**
      - Improvement of severity and/or frequency of eyelid spasms
    - **Cervical dystonia**
      - Improvement in the severity and frequency of pain; **AND**
      - Improvement of abnormal head positioning
    - **Strabismus**
      - Improvement in alignment of prism diopters compared to pre-treatment baseline
    - **Focal Upper/Lower Limb Spasticity**
      - Decrease in tone and/or resistance, of affected areas, based on a validated measuring tool (i.e., Ashworth Scale, Physician Global Assessment, Clinical Global Impression (CGI), etc.)
    - **Hemifacial Spasms**
      - Decrease in frequency and/or severity of spasm, or a decrease in tone and/or improvement in asymmetry to the affected side of the face
    - **Severe primary axillary hyperhidrosis**
      - Significant reduction in spontaneous axillary sweat production; **AND**
      - Patient has a significant improvement in activities of daily living
    - **Prophylaxis for chronic migraines**
      - Significant decrease in the number, frequency, and/or intensity of headaches; **AND**
      - Patient continues to utilize prophylactic intervention modalities (i.e., pharmacotherapy, behavioral therapy, physical therapy, etc.)
    - **Esophageal achalasia**
      - Improvement and/or relief in symptoms (i.e., dysphagia, pain, etc.); OR

- Improvement in esophageal emptying as evidenced by functional testing

- **Focal Dystonias**
  - **Focal upper limb dystonia**
    - Improvement in pain and/or function
  - **Laryngeal dystonia**
    - Improvement in voice function or quality
  - **Oromandibular dystonia**
    - Improvement in pain and function
- **Sialorrhea associated with neurological disorders**
  - Significant decrease in saliva production
- **Incontinence due to detrusor overactivity**
  - Patient does not have a current, untreated urinary tract infection; **AND**
  - Significant improvements in weekly frequency of incontinence episodes; **AND**
  - Patient's post-void residual (PVR) periodically assessed as medically appropriate
- **Overactive bladder (OAB)**
  - Patient does not have a current, untreated urinary tract infection; AND
  - Significant improvement in daily frequency of urinary incontinence or micturition episodes and/or volume voided per micturition; AND
  - Patient's post-void residual (PVR) periodically assessed as medically appropriate
- **Severe Palmar Hyperhidrosis**
  - Significant reduction in spontaneous palmar sweat production; AND
  - Patient has a significant improvement in activities of daily living
- **Chronic anal fissure**
  - Complete healing of anal fissure; OR
  - Symptomatic improvement of persistent fissures
- **Spastic Conditions, Other (Plegias, etc.)**
  - Decrease in tone and/or resistance, of affected areas, based on a validated measuring tool (i.e., Ashworth Scale, Physician Global Assessment, Clinical Global Impression (CGI), etc.)
- **Ventral Hernia**
  - May not be renewed

- **Dosage/Administration**

Botox®	
Indication	**Dose**
Blepharospasm	1.25-2.5 Units (0.05—0.1 ml per site) injected into each of 3 sites per affected eye every three months. There appears to be little benefit obtainable from injecting more than 5 Units per site. The effect of treatment lasts an average of 12 weeks. Cumulative dose in 30 days should not exceed 200 units
Cervical Dystonia	198 Units to 300 Units divided among the affected muscles. No more than 50 Units per site. May re-treat in 12 weeks.
Strabismus	Based on muscle(s) affected, 1.25-2.5 Units in any one muscle initially. Subsequent doses may be increased up to two-fold compared to previously administered dose. No more than 25 Units in any one muscle for recurrent cases. The effect of treatment usually lasts about 12 weeks.
Esophageal Achalasia	100 Units (20-25 Units per quadrant) per administration, dose may be repeated in 6 months (24 weeks)

Upper Limb Spasticity	Dosing in initial and sequential treatment sessions should be tailored to the individual based on the size, number and location of muscles involved, severity of spasticity, the presence of local muscle weakness, the patient's response to previous treatment, or adverse event history with Botox. For pediatrics, localization of the involved muscles with techniques such as needle electromyographic guidance, nerve stimulation, or ultrasound is recommended. <u>Adults</u> – In clinical trials, doses ranging from 75 Units to 400 Units were divided among selected muscles at a given treatment session, no sooner than every 12 weeks. <u>Pediatrics</u> – The recommended dose for treating pediatric upper limb spasticity is 3 Units/kg to 6 Units/kg divided among the affected muscles. The total dose of Botox administered per treatment session in the upper limb should not exceed 6 Units/kg or 200 Units, whichever is lower. The maximum cumulative dose should not exceed the lower of 10 Units/kg body weight or 340 Units, in a 3-month interval.
Lower Limb Spasticity	<u>Adults</u> – 300 to 400 Units divided among 5 muscle groups (gastrocnemius, soleus, tibialis posterior, flexor hallucis longus, and flexor digitorum longus), no sooner than every 12 weeks. <u>Pediatrics</u> – The recommended dose for treating pediatric lower limb spasticity is 4 Units/kg to 8 Units/kg divided among the affected muscles. The total dose of Botox administered per treatment session in the lower limb should not exceed 8 Units/kg or 300 Units, whichever is lower. The maximum cumulative dose should not exceed the lower of 10 Units/kg body weight or 340 Units, in a 3-month interval.
Chronic Migraine	155 Units administered intramuscularly (IM) as 0.1 mL (5 Units) injections per each site. Injections should be divided across 7 specific head/neck muscle areas. The recommended re-treatment schedule is every 12 weeks.
Severe Primary Axillary Hyperhidrosis	50 Units intradermally per axilla every 16 weeks
Sialorrhea	15-40 Units in the parotid gland injected in two places and 10-15 Units in the submandibular glands (total dose from 50-100 Units per patient/administration), repeated in 3 months (12 weeks), if needed.
Neurogenic Bladder/Detrusor Overactivity	<u>Adults</u> – 200 Units per treatment injected into the detrusor muscle using 30 injections (6.7 units each). <u>Pediatrics</u> – Weight ≥ 34 kg: 200 Units per treatment injected into the detrusormuscle using 20 injections. – Weight < 34 kg: 6 Units/kg per treatment injected into the detrusormuscle using 20 injections. ** Re-inject no sooner than 12 weeks from the prior bladder injection.
Overactive Bladder (OAB)	100 Units per treatment injected into the detrusor muscle using 20injections (5 units each). Re-inject no sooner than 12 weeks from the prior bladder injection.

Palmar Hyperhidrosis	50-100 units per hand, repeated every 6 months (24 weeks), as needed
Hemifacial Spasms	Recommended dose of 20 to 40 U, divided among affected muscles. Retreatment within 12 weeks
Oromandibular Dystonia	80 units per side (~40 units injected into both the masseter and submentalis complex muscles) every 12 weeks.
Laryngeal Dystonia	Starting dose of 1.25-5 units into thyroarytenoid muscle. Dose is titrated based onresponse and side effects after. Retreat every 3 months (12weeks).
Chronic Anal Fissures	Recommended doses of up to 25 units, injected into the anal sphincter. Retreat every 3 months (12 weeks).
Ventral Hernia	500 units divided among abdominal muscles, injected 2-4 weeks prior to AWR surgery. *May not be renewed.*
All other indications (unless otherwise specified)	Not to exceed a cumulative dose of 400 U (for one or more indications) every 12 weeks

- When initiating treatment, the lowest recommended dose should be used.
- In treating adult patients for one or more indications, the maximum cumulative dose should not exceed 400 Units, in a 3-month (12-week) interval (unless used for Ventral Hernia).
- In treating pediatric patients, the total should not exceed the lower of 10 Units/kg body weight or 340 Units, in a 3-month (12-week) interval.
- Unless otherwise stated, re-treatment should occur no sooner than 12 weeks from the prior injection.

NDC:

- Botox 50-unit vial: 00023-3919-XX
- Botox 100-unit vial: 00023-1145-XX
- Botox 200-unit vial: 00023-3921-XX

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Appendix 1 – Covered Diagnosis Codes

ICD-10-CMs	Description	FDA / Off-Label (Supporting Use)
F95.2	Tourette's disorder	Off-Label
G11.4	Hereditary spastic paraplegia	FDA
G24.01	Drug induced subacute dyskinesia	Off-Label
G24.3	Spasmodic torticollis	FDA
G24.5	Blepharospasm	FDA
G43.101	Migraine with aura, not intractable, with status migrainosus	FDA
G43.109	Migraine with aura, not intractable, without status migrainosus	FDA
G43.111	Migraine with aura, intractable, with status migrainosus	FDA
G43.119	Migraine with aura, intractable, without status migrainosus	FDA
G43.701	Chronic migraine without aura, not intractable with status migrainosus	FDA
G43.709	Chronic migraine without aura, not intractable without status migrainosus	FDA
G43.711	Chronic migraine without aura, intractable, with status migrainosus	FDA
G43.719	Chronic migraine without aura, intractable, without status migrainosus	FDA
G80.0	Spastic quadriplegic cerebral palsy	FDA
G80.1	Spastic diplegic cerebral palsy	FDA
G80.2	Spastic hemiplegic cerebral palsy	FDA
G80.8	Other cerebral palsy	FDA
G80.9	Cerebral palsy, unspecified	FDA
G81.10	Spastic hemiplegia affecting unspecified side	FDA
G81.11	Spastic hemiplegia affecting right dominant side	FDA
G81.12	Spastic hemiplegia affecting left dominant side	FDA
G81.13	Spastic hemiplegia affecting right nondominant side	FDA
G81.14	Spastic hemiplegia affecting left nondominant side	FDA
G82.20	Paraplegia, unspecified	FDA

G82.21	Paraplegia, complete	FDA
G82.22	Paraplegia, incomplete	FDA
G82.50	Quadriplegia, unspecified	FDA
G82.51	Quadriplegia, C1-C4 complete	FDA
G82.52	Quadriplegia, C1-C4 incomplete	FDA
G82.53	Quadriplegia, C5-C7 complete	FDA
G82.54	Quadriplegia, C5-C7 incomplete	FDA
G83.10	Monoplegia of lower limb affecting unspecified side	FDA
G83.11	Monoplegia of lower limb affecting right dominant side	FDA
G83.12	Monoplegia of lower limb affecting left dominant side	FDA
G83.13	Monoplegia of lower limb affecting right nondominant side	FDA
G83.14	Monoplegia of lower limb affecting left nondominant side	FDA
G83.31	Monoplegia, unspecified affecting right dominant side	FDA
G83.32	Monoplegia, unspecified affecting left dominant side	FDA
G83.33	Monoplegia, unspecified affecting right nondominant side	FDA
G83.34	Monoplegia, unspecified affecting left nondominant side	FDA
H49.881	Other paralytic strabismus, right eye	FDA
H49.882	Other paralytic strabismus, left eye	FDA
H49.883	Other paralytic strabismus, bilateral	FDA
H49.889	Other paralytic strabismus, unspecified eye	FDA
H49.9	Unspecified paralytic strabismus	FDA
H50.60	Mechanical strabismus, unspecified	FDA
H50.69	Other mechanical strabismus	FDA
H50.89	Other specified strabismus	FDA
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	FDA
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	FDA
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	FDA
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	FDA
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	FDA
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	FDA

I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	FDA
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	FDA
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	FDA
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	FDA
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	FDA
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	FDA
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	FDA
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	FDA
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	FDA
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side	FDA
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side	FDA
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	FDA
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	FDA
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side	FDA
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side	FDA
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side	FDA
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	FDA
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	FDA

I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side	FDA
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	FDA
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	FDA
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side	FDA
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side	FDA
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side	FDA
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side	FDA
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side	FDA
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	FDA
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	FDA
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side	FDA
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side	FDA
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side	FDA
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	FDA
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	FDA
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	FDA
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	FDA
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side	FDA

I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side	FDA
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	FDA
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	FDA
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	FDA
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side	FDA
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side	FDA
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	FDA
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	FDA
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	FDA
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side	FDA
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	FDA
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	FDA
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	FDA
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	FDA
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side	FDA
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side	FDA
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	FDA
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side	FDA
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side	FDA
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side	FDA
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side	FDA
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side	FDA
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side	FDA

I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side	FDA
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side	FDA
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side	FDA
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side	FDA
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	FDA
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	FDA
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	FDA
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	FDA
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	FDA
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side	FDA
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side	FDA
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side	FDA
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side	FDA
I69.865	Other paralytic syndrome following other cerebrovascular disease, bilateral	FDA
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side	FDA
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side	FDA
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side	FDA
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side	FDA
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side	FDA
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease	FDA

I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side	FDA
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side	FDA
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side	FDA
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side	FDA
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side	FDA
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	FDA
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	FDA
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side	FDA
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side	FDA
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side	FDA
I73.00	Raynaud's syndrome without gangrene	Off-Label
I73.01	Raynaud's syndrome with gangrene	Off-Label
K11.7	Disturbances of salivary secretion	Off-Label
K22.0	Achalasia of cardia	Off-Label
K60.0	Acute anal fissure	Off-Label
K60.1	Chronic anal fissure	Off-Label
K60.2	Anal fissure, unspecified	Off-Label
L74.510	Primary focal hyperhidrosis, axilla	FDA
L98.8	Other specified disorders of the skin and subcutaneous tissue	FDA
M62.40	Contracture of muscle, unspecified site	Off-Label
M62.441	Contracture of muscle, right hand	Off-Label
M62.442	Contracture of muscle, left hand	Off-Label
M62.449	Contracture of muscle, unspecified hand	Off-Label
M62.451	Contracture of muscle, right thigh	FDA
M62.452	Contracture of muscle, left thigh	FDA
M62.459	Contracture of muscle, unspecified thigh	Off-Label
M62.461	Contracture of muscle, right lower leg	FDA
M62.462	Contracture of muscle, left lower leg	FDA
M62.469	Contracture of muscle, unspecified lower leg	Off-Label
M62.471	Contracture of muscle, right ankle and foot	FDA
M62.472	Contracture of muscle, left ankle and foot	FDA
M62.479	Contracture of muscle, unspecified ankle and foot	Off-Label

M62.48	Contracture of muscle, other site	FDA
M62.49	Contracture of muscle, multiple sites	FDA
M62.831	Muscle spasm of calf	FDA
M62.838	Other muscle spasm	FDA
N31.0	Uninhibited neuropathic bladder, not elsewhere classified	FDA
N31.1	Reflex neuropathic bladder, not elsewhere classified	FDA
N31.8	Other neuromuscular dysfunction of bladder	FDA
N31.9	Neuromuscular dysfunction of bladder, unspecified	FDA
N32.81	Overactive bladder	FDA
N39.3	Stress incontinence (female) (male)	FDA
N39.41	Urge incontinence	FDA
N39.42	Incontinence without sensory awareness	FDA
N39.43	Post-void dribbling	FDA
N39.44	Nocturnal enuresis	FDA
N39.45	Continuous leakage	FDA
N39.46	Mixed incontinence	FDA
N39.490	Overflow incontinence	FDA
N39.491	Coital incontinence	FDA
N39.492	Postural (urinary) incontinence	FDA
N39.498	Other specified urinary incontinence	FDA
R25.2	Cramp and spasm	FDA
R32	Unspecified urinary incontinence	FDA
R39.81	Functional urinary incontinence	FDA
R61	Generalized hyperhidrosis	FDA