

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Donanemab (e.g., Kisunla)	2024077	<p>Initial and authorization renewal criteria updated.</p> <p>INITIAL APPROVAL</p> <ol style="list-style-type: none"> 1. Individual is an adult (Kisunla, 2025); AND 2. Individual demonstrates mild cognitive impairment (MCI) due to early Alzheimer's disease or mild AD dementia as documented by ALL the following: <ol style="list-style-type: none"> a. Medical records documenting ALL of the below: <ol style="list-style-type: none"> i. Global Clinical Dementia Rating (CDR) score of 0.5 to 1.0 (Knight ADRC 2024, Perneczky 2006); AND ii. CDR Memory Box score of 0.5 or greater (Knight ADRC 2024, O'Bryant 2008); AND iii. One of the following: <ol style="list-style-type: none"> 1. Mini-Mental State Examination (MMSE) score of 20-30 (Rabinovici); OR 2. Montreal Cognitive Assessment (MoCA) score of 17 or greater (Mueller, 2023); OR 3. Saint Louis University Mental Status (SLUMS) score of 17 or greater (Mueller, 2023); AND b. Documentation of one of the following: <ol style="list-style-type: none"> i. Mild cognitive impairment (MCI) due to Alzheimer disease (AD)–intermediate likelihood: <ol style="list-style-type: none"> 1. Meet the National Institute of Aging–Alzheimer's Association (NIA-AA) core clinical criteria for MCI due to AD–intermediate likelihood; AND 	No	December 30, 2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024077

		<p>2. Documentation that the individual is independent of all basic activities with daily living; AND</p> <p>3. Report a history of subjective memory decline with gradual onset and slow progression over the last 1 year which is corroborated by an informant; OR</p> <p>ii. Mild AD dementia:</p> <p>1. Meet the NIA-AA core clinical criteria for probable AD dementia; AND</p> <p>2. Documentation that the individual is independent of all basic activities with daily living; AND</p> <p>c. Other differential diagnoses of dementia have been excluded [e.g., dementia with Lewy bodies (DLB), frontotemporal dementia (FTD), vascular dementia, pseudodementia due to mood disorder, vitamin B12 deficiency, encephalopathy, etc.]; AND</p> <p>3. Evidence of amyloid beta pathology as evidenced by one of the below (Sims 2023; Jack 2018):</p> <p>a. PET imaging showing presence of amyloid beta; OR</p> <p>b. Presence of long form amyloid beta (i.e., amyloid-beta 1-42, beta-amyloid [1-42], Abeta42) in the cerebrospinal fluid (CSF); AND</p> <p>4. Baseline MRI scan of brain (completed within previous 12 months) does not demonstrate:</p> <p>a. Evidence of a non-AD dementia; OR</p> <p>b. Evidence of Exclusionary Pathological Findings brain MRI (see policy guidelines); AND</p> <p>5. Individual does not have:</p> <p>a. Concurrent neurological condition(s), other than MCI or AD,</p>			
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		<p>contributing to cognitive impairment; OR</p> <p>b. History of stroke, transient ischemic attacks, or seizures within 12 months prior to initiating treatment; OR</p> <p>c. Bleeding disorder that is inadequately controlled (including a platelet count less than 50,000 or international normalized ratio [INR] greater than 1.5); OR</p> <p>d. More than 4 microhemorrhages (defined as 10 mm or less at the greatest diameter) (Kisunla, 2025; Sims, 2023); OR</p> <p>e. A single macro hemorrhage greater than 10 mm at the greatest diameter (Kisunla, 2025; Sims 2023); AND</p> <p>6. If receiving anticoagulant therapy, anticoagulant status should be optimized, and individual should be on a stable dose for 4 weeks prior to initiating treatment; AND</p> <p>7. Individual is not receiving another anti-amyloid monoclonal antibody; AND</p> <p>8. Prescribing is otherwise in accordance with FDA approved prescribing label (see FDA dosing in policy guidelines). There is no coverage for dosing greater in amount or frequency than FDA label; AND</p> <p>9. Prescriber and individual (or caregiver) have discussed and acknowledged the potential safety risks of treatment, including risks of ARIA-H and ARIA-E (Label); AND the need for clinical and MRI monitoring during treatment; AND</p> <p>10. Prescriber and individual have discussed and acknowledged that individuals who are apolipoprotein E (ApoE) epsilon-4 homozygotes (approximately 15% of individuals with AD) treated with donanemab have a higher incidence of ARIA, including symptomatic, heterozygotes and non-carriers (FDA Label).</p>			
		CONTINUATION OF THERAPY			

		<p>Requests for Donanemab (e.g., Kisunla) may be approved if the following criteria are met:</p> <ol style="list-style-type: none"> 1. Individual has met of the above initiation criteria previously (regardless of payer); AND 2. Individual does not have moderate to severe clinical and/or radiographic evidence of ARIA event on MRI or developed Exclusionary Pathological Findings (see policy guidelines); AND 3. Concurrent medical records document the AD has not progressed to severe dementia; AND 4. Provider has not determined there is an absence of amyloid beta by PET; AND 5. Manageable or no side effects. 			
Chemodenervation, Botulinum Toxins	2018002	<p>Initial criteria updated.</p> <p>INITIAL APPROVAL:</p> <ol style="list-style-type: none"> 1. Disorders associated with spasticity or dystonia: <ol style="list-style-type: none"> a. Blepharospasm associated with dystonia in individuals 12 years of age and older (Jankovic, 2009; Nussgens, 1997; Roggenkamper, 2006); OR b. Facial nerve (VII) disorders (Soares, 2014) (for example, hemifacial spasm (Dashtipour, 2015); OR c. Hereditary spastic paraparesis (Shribman, 2019); OR d. Idiopathic torsion dystonia (Duarte, 2016); OR e. Laryngeal spasm (Simpson, 2008); OR 	No	December 30, 2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2018002

		<ul style="list-style-type: none"> f. Multiple sclerosis or Schilder's disease (deSeze, 2002); OR g. Neuromyelitis optica (Esquenazi, 2013); OR h. Organic writer's cramp (FDA, 2021); OR i. Orofacial dyskinesia, Meige syndrome (Soares, 2014); OR j. Spastic hemiplegia (Shribman, 2019); OR k. Symptomatic torsion dystonia (Duarte, 2016); OR l. Treatment of upper limb spasticity in individuals 2 years of age and older (FDA, 2021); OR m. Treatment of lower limb spasticity in individuals 2 years of age and older (FDA, 2021); OR <p>2. Disorders of the bladder:</p> <ul style="list-style-type: none"> a. Treatment of overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and frequency, in individuals 5 years of age and older who have an inadequate response to or are intolerant of an anticholinergic medication or beta-3 agonist. (FDA, 2021); OR b. Treatment of urinary incontinence due to detrusor overactivity associated with neurologic condition [e.g., spinal cord injury (SCI), multiple sclerosis (MS)] in adults who have an inadequate response to or are intolerant of an anticholinergic medication or beta-3 agonist. (FDA, 2021); OR c. Treatment of neurogenic detrusor overactivity (NDO) in pediatric individuals 5 years of age and older 			
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		<p>who have an inadequate response to or are intolerant of anticholinergic medication. (FDA, 2021); OR</p> <p>3. Prophylaxis of chronic migraine headaches in the following situations:</p> <p>a. Initial approval for 12 months in adult individuals who:</p> <p>i. Meet International Headache Classification (KCHD-2) diagnostic criteria for chronic migraine headache (e.g., migraine headache lasting at least 4 hours on at least 15 days per month; migraine headaches for at least 3 months) (FDA, 2021); AND</p> <p>ii. Have symptoms that persist despite adequate trials of at least 2 agents from different classes of medications in the treatment of chronic migraine headaches (e.g., antidepressants, antihypertensives, CGRP inhibitors and antiepileptics) (Garza, 2021); AND</p> <p>iii. Individual will be using botulinum toxin for migraine prevention; OR</p> <p>b. Continuing treatment beyond 12 months:</p> <p>i. Manageable or no side effects; OR</p> <p>ii. Condition improved with treatment; AND</p>			
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		<p>iii. Planned administration at least 12 weeks since prior botulinum toxin administration; OR</p> <p>4. Treatment of cervical dystonia (spasmodic torticollis) in individuals 16 years of age and older, to reduce the severity of abnormal head position and neck pain. (FDA, 2021); OR</p> <p>5. Treatment of strabismus in individuals 12 years of age and older. (FDA, 2021); OR</p> <p>6. Esophageal Achalasia unresponsive to dilation therapy or who are poor surgical candidates (Friedmacher, 2012); OR</p> <p>7. Chronic anal fissure (Brisinda, 1999); OR</p> <p>8. Chronic sialorrhea where:</p> <ul style="list-style-type: none"> a. Individual has experienced excessive salivation for 3 or more months; AND b. Individual is refractory to at least 2 months of continuous treatment with at least one oral pharmacotherapy (e.g., anticholinergics); OR <p>9. Hirschsprung disease with the development of obstructive symptoms after pull-through operation. (Langer, 2017); OR</p> <p>10. Primary axillary/ palmar or plantar/ craniofacial hyperhidrosis when all the following are met:</p> <ul style="list-style-type: none"> a. Individual is 18 years of age or older; AND b. Individual has failed a trial of at least one week or intolerant of at least one prescription strength antiperspirants; OR <p>11. Frey's syndrome (gustatory sweating); OR</p> <p>12. Coverage is not provided for the following conditions:</p> <ul style="list-style-type: none"> a. Neurologic indications such as: 			
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		<ul style="list-style-type: none"> i. Headaches, except as noted above for prevention of chronic migraine headache including maintenance therapy; OR ii. Essential tremor; OR iii. Tinnitus; OR iv. Chronic motor tic disorder and tic associated with Tourette syndrome (motor tics); OR <p>b. Urological indications such as:</p> <ul style="list-style-type: none"> i. Benign prostatic hyperplasia; OR ii. Interstitial cystitis; OR iii. Detrusor sphincteric dyssynergia (after spinal cord injury); OR <p>c. Pain due to multiple etiologies such as:</p> <ul style="list-style-type: none"> i. Chronic low back pain; OR ii. Joint pain; OR iii. Mechanical neck disorders; OR iv. Neuropathic pain after neck dissection; OR v. Myofascial pain syndrome; OR vi. Temporomandibular joint disorders; OR vii. Trigeminal neuralgia; OR viii. Pain after hemorrhoidectomy or lumpectomy; OR ix. Lateral epicondylitis; OR x. Prevention of pain associated with breast 			
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		<p>reconstruction after mastectomy; OR</p> <p>xi. Chronic pelvic/perineal pain; OR</p> <p>d. Gastrointestinal motility disorders such as:</p> <p>i. Internal anal sphincter achalasia; OR</p> <p>ii. Anismus (pelvic floor dyssynergia); OR</p> <p>iii. Gastroparesis; OR</p> <p>e. Any cosmetic purpose/indication; OR</p> <p>f. Other miscellaneous conditions such as:</p> <p>i. Facial wound healing; OR</p> <p>ii. Depression.</p>			
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