Reference number(s)
3269-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☐
Standard Control – Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☐
Advanced Control Specialty – Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Value (VF)	☐

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☐
Medical Benefit	☑
Medical Benefit: Advanced Biosimilars First	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Botulinum Toxins

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Medical Benefit.

Plan Design Summary

This program applies to the botulinum toxins products specified in this document. Coverage for a targeted product is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with the targeted products.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Botulinum Toxins

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	• Botox (onabotulinumtoxinA) • Daxxify (daxibotulinumtoxinA-lanm) • Xeomin (incobotulinumtoxinA)
Target	• Dysport (abobotulinumtoxinA) • Myobloc (rimabotulinumtoxinB)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Dysport

Coverage for Dysport is provided when any of the following criteria is met:

- Member has a documented inadequate response or intolerable adverse event to all of the preferred products.
- Member is requesting Dysport for the treatment of lower limb spasticity and has had a documented inadequate response or an intolerable adverse event to Botox.
- Member is 18 years of age and older, is requesting Dysport for the treatment of upper limb spasticity, and has had a documented inadequate response or an intolerable adverse event to Botox and Xeomin.
- Member is 2 years of age to 17 years of age, is requesting Dysport for the treatment of upper limb spasticity caused by cerebral palsy, and has had a documented inadequate response or an intolerable adverse event to Botox.

Myobloc

Coverage for Myobloc is provided when any of the following criteria is met:

- Member has a documented inadequate response or intolerable adverse event to all of the preferred products.
- Member is requesting Myobloc for the treatment of chronic sialorrhea and has had a documented inadequate response or intolerable adverse event to Xeomin.

References

1. Botox [package insert]. Irvine, CA: Allergan, Inc.; November 2023.
2. Daxxify [package insert]. Newark, CA: Revance Therapeutics, Inc.; November 2023.
3. Dysport [package insert]. Basking Ridge, NJ: Ipsen Biopharmaceuticals, Inc.; September 2023.
4. Myobloc [package insert]. South San Francisco, CA: Solstice Neurosciences, Inc.; March 2021.
5. Xeomin [package insert]. Frankfurt, Germany: Merz Pharmaceuticals GmbH; July 2024.