

This policy applies to the following:

Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)	✓	Medical Benefit	Medicare Part B	Reference #
Standard Control – Choice (SCCF)	Marketplace (MF)	SF Chart (SFC)		Medical: Advanced Biosimilars First	Medicare Part B: Biosimilars First	3269-D
Preferred Drug Plan Design (PDPD)	Aetna Health Exchange (AHE)	VF Chart (VFC)		Medical Benefit: Managed Medicaid	Medicare Part B: Advanced Biosimilars First	
Advanced Control Specialty (ACSF)	IVL	New to Market (NTM)		Medical Benefit: Add-on		
Advanced Control Specialty – Choice (ACSCF)	Value (VF)					

EXCEPTIONS CRITERIA BOTULINUM TOXINS

PREFERRED PRODUCTS: BOTOX, DYSPORT, AND XEOMIN

POLICY

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

I. PLAN DESIGN SUMMARY

This program applies to the botulinum toxins products specified in this policy. 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 product.

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

Table. Botulinum Toxins

	Product(s)
Preferred*	<ul style="list-style-type: none"> • Botox (onabotulinumtoxinA) • Dysport (abobotulinumtoxinA) • Xeomin (incobotulinumtoxinA)
Targeted	<ul style="list-style-type: none"> • Myobloc (rimabotulinumtoxinB)

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

II. EXCEPTION CRITERIA

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

Coverage for a targeted product is provided when either 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 an intolerable adverse event to Xeomin.

REFERENCES

- Botox [package insert]. Irvine, CA: Allergan, Inc.; August 2023.

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	Advanced Control Specialty (ACSF)		IVL		New to Market (NTM)		Medical Benefit: Add-on		
	Advanced Control Specialty – Choice (ACSCF)		Value (VF)						

Reference #
3269-D

2. Dysport [package insert]. Basking Ridge, NJ: Ipsen Biopharmaceuticals, Inc.; January 2023.
3. Myobloc [package insert]. South San Francisco, CA: Solstice Neurosciences, Inc.; March 2021.
4. Xeomin [package insert]. Frankfurt, Germany: Merz Pharmaceuticals GmbH; September 2023.