This policy applies to the following:

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

Reference #
3269-D

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 targeted products is provided based on clinical circumstances that would exclude the use of the preferred product 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*	• **Botox** (onabotulinumtoxinA) • **Dysport** (abobotulinumtoxinA) • **Xeomin** (incobotulinumtoxinA)
Targeted	• **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 ANY of the following criteria is met:

A. Member has a documented inadequate response or intolerable adverse event to all of the preferred products.
B. 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

1. Botox [package insert]. Irvine, CA: Allergan, Inc.; July 2021.
2. Dysport [package insert]. Basking Ridge, NJ: Ipsen Biopharmaceuticals, Inc.; July 2020.
3. Myobloc [package insert]. South San Francisco, CA: Solstice Neurosciences, Inc.; March 2021.
4. Xeomin [package insert]. Frankfurt, Germany: Merz Pharmaceuticals GmbH; April 2021.

This policy applies to the following:

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

Reference #
3269-D