

This policy applies to the following:

Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)		Medical Benefit	Medicare Part B	Reference # 3271-D
Standard Control – Choice (SCCF)	Marketplace (MF)	SF Chart (SFC)		Medical: Advanced Biosimilars First	Medicare Part B: Biosimilars First	
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 PRODUCT: DYSPORT

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

*: 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 the member has a documented inadequate response or intolerable adverse event with the preferred product, Dysport.

REFERENCES

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

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Standard Control – Choice (SCCF)	Marketplace (MF)	SF Chart (SFC)		Medical: Advanced Biosimilars First	Medicare Part B: Biosimilars First	3271-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)					

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.