PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Botulinum Toxin Products Preferred Specialty Management Policy
- Botox® (onabotulinumtoxinA injection – Allergan/AbbVie)
- Daxxify® (daxibotulinumtoxinA-lanm injection – Revance)
- Dysport® (abobotulinumtoxinA injection – Ipsen/Galderma)
- Myobloc® (rimabotulinumtoxinB injection – Solstice)
- Xeomin® (incobotulinumtoxinA injection – Merz)

REVIEW DATE: 10/18/2023; effective 01/01/2024

OVERVIEW

All of the botulinum toxins are indicated for a variety of disorders characterized by abnormal muscle contraction; refer to Table 1 for FDA-approved uses.[1-5] The FDA-approved indications are in adults, except where specified in the table below. Additionally, botulinum toxins have been evaluated in a variety of off-label uses; refer to the respective standard *Botulinum Toxins Prior Authorization Policies* for further discussion.

Table 1. Indications for Botulinum Toxin Products.[1-5]

† In patients ≥ 12 years of age; α For severe symptoms that are inadequately managed by topical agents; β In patients who have an inadequate response to or are intolerant of an anticholinergic medication; ∞ In patients ≥ 5 years of age; Δ In patients ≥ 2 years of age; # In pediatric patients 2 to 17 years of age, this excludes spasticity caused by cerebral palsy.

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of Preferred Products for the indications listed below. For all products (Preferred and Non-Preferred), the patient is required to meet the respective standard *Prior Authorization Policy* criteria. This program also directs the patient to try one Preferred Product prior to the approval of a Non-Preferred Product. For an indication of Migraine Headache Prevention, requests for a Non-Preferred Product are directed to a Calcitonin Gene-Related Peptide Inhibitor. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). All approvals are provided for the duration noted below. If the patient meets the respective standard *Prior Authorization Policy* criteria but has not tried a Preferred Product, a review will be offered for the Preferred Product(s) using the respective standard *Prior Authorization Policy* criteria.

Documentation: Documentation is required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

Automation: None.

Cervical Dystonia
Preferred Products: Dysport, Myobloc
Non-Preferred Products: Botox, Xeomin, Daxxify

Migraine Headache Prevention
Preferred Products: Aimovig, Ajovy, Emgality, Vyepti, Qulipta
Non-Preferred Product: Botox

Spasticity, Limb
Preferred Products: Dysport
Non-Preferred Products: Botox, Xeomin

RECOMMENDED EXCEPTION CRITERIA

REFERENCES

1. Botox® injection [prescribing information]. Madison, NJ: Allergan/AbbVie; August 2022.
2. Daxxify® injection [prescribing information]. Newark, CA: Revance; August 2023.
3. Dysport® injection [prescribing information]. Cambridge, MA and Fort Worth, TX: Ipsen/Galderma; July 2020.
4. Myobloc® injection [prescribing information]. San Francisco, CA: Solstice Neurosciences; September 2020.
5. Xeomin® injection [prescribing information]. Raleigh, NC and Franksville, WI: Merz; August 2021.