Mass General Brigham
Health Plan

Neuromuscular Blockers
Botox (onabotulinumtoxinA)
Daxxify (daxibotulinumtoxinA-lanm)
Dysport (abobotulinumtoxinA)
Myobloc (rimabotulinumtoxinB)
Xeomin (incobotulinumtoxinA)
Effective 01/04/2027

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Notes	These medications are also available on the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview

Indication	Botox	Dysport	Myobloc	Xeomin	Daxxify
Blepharospasm	✓	-	-	✓	-
Cervical Dystonia	✓	✓	✓	✓	✓
Lower Limb Spasticity	✓	✓	-	-	-
Migraine Prophylaxis	✓	-	-	-	-
Neurogenic detrusor overactivity	✓				-
Overactive bladder	✓	-	-	-	-
Sialorrhea	-	-	✓	✓	-
Strabismus	✓	-	-	-	-
Severe axillary hyperhidrosis	✓	-	-	-	-
Upper Limb Spasticity	✓	✓	-	✓	-
Urinary incontinence associated with neurologic conditions	✓	-	-	-	-

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when all of the following criteria are met:

Botox (onabotulinumtoxinA)	
All indications EXCEPT bladder dysfunction, migraine prophylaxis, hyperhidrosis	**ALL** of the following: 1. **ONE** of the following diagnoses: a. Strabismus and blepharospasms associated with dystonia (including essential blepharospasm, cranial nerve VII disorders/hemifacial spasm) b. Focal dystonias (including cervical dystonia/spasmodic torticollis in members > 16 years of age; spasmodic dysphonia, oromandibular dystonia) c. Limb spasticity (due to cerebral palsy, multiple sclerosis, or other demyelinating CNS diseases, spinal cord injury) d. Focal spasticity related to cerebral vascular accident (including hemorrhagic stroke, anoxia, and traumatic brain injury) 2. Dose is appropriate for stated indication (prescriber must provide child's weight)
Chronic Migraine Prophylaxis	**ALL** of the following: 1. Diagnosis of chronic migraine prophylaxis 2. Prescriber is a neurologist, pain medicine/anesthesiology physician or physical medicine/rehabilitation physician or consult notes from one are provided 3. Migraine headache frequency ≥ 15 days per month 4. Inadequate response or adverse reaction to **TWO** or contraindication to **ALL** of the following: a. Beta blocker (unless concurrent diagnosis of depression, asthma/bronchospastic disease, COPD, peripheral vascular disease, Raynaud's, baseline hypotension or bradycardia, and pheochromocytoma) b. TCA c. topiramate d. valproate (i.e., valproic acid, divalproex) 5. Inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following: a. Aimovig b. Ajovy c. Emgality d. Nurtec e. Qulipta 6. Dose is appropriate for stated indication *(See Appendix for 10-week dosing)*
Overactive bladder	**ALL** of the following: 1. Diagnosis of overactive bladder *("urinary urgency, with or without incontinence", "nocturia", or "urinary frequency" may be reviewed using criteria for overactive bladder)* 2. Prescriber is a urologist or consult notes from a urologist are provided 3. Inadequate response or adverse reaction to **ONE** or contraindication to **BOTH** of the following classes: a. **TWO** anticholinergic medications (e.g., oxybutynin, tolterodine)

	b. **ONE** anticholinergic medication and **ONE** β-3 adrenergic receptor agonist (mirabegron) 4. Dose is appropriate for stated indication
Neurogenic Bladder Dysfunction/Neurogenic Detrusor Overactivity (adults)	**ALL** of the following: 1. Diagnosis of neurogenic bladder dysfunction/neurogenic detrusor overactivity 2. Prescriber is a urologist or consult notes from a urologist are provided 3. Inadequate response or adverse reaction to **ONE** of the following or contraindication to **ALL** of the following classes: a. **TWO** anticholinergic medications (e.g. oxybutynin, tolterodine) b. **ONE** anticholinergic medication and **ONE** alpha blocker (e.g. prazosin, terazosin) c. **ONE** anticholinergic medication and **ONE** cholinergic agent (e.g. bethanechol) 4. **ONE** of the following: a. Dose is appropriate for stated indication b. Request is for 300 units no more frequently than every 12 weeks and there has been an inadequate response to 200 units
Neurogenic Bladder Dysfunction/Neurogenic Detrusor Overactivity (pediatrics)	**ALL** of the following: 1. Diagnosis of neurogenic bladder dysfunction/neurogenic detrusor overactivity 2. Prescriber is a urologist or consult notes from a urologist are provided 3. Inadequate response or adverse reaction to **ONE** of the following or contraindication to **BOTH** of the following classes: a. **ONE** anticholinergic medication (e.g. oxybutynin, solifenacin) b. **ONE** β-3 adrenergic receptor agonist (mirabegron) 4. Dose is appropriate for stated indication (not more frequently than every 12 weeks)
Primary focal hyperhidrosis (Axillary, Palmar, or Plantar)	**ALL** of the following: 1. Diagnosis of **ONE** of the following: a. Severe primary axillary hyperhidrosis i. Member is ≥ 18 years of age OR 12 to <18 years of age b. Severe palmar hyperhidrosis c. Severe plantar hyperhidrosis 2. Prescriber is a dermatologist or neurologist or consult notes from a dermatologist or neurologist are provided 3. Physician attestation of inadequate response, adverse reaction or contraindication to aluminum chloride solution 4. Dose is appropriate for stated indication **OR** **Escalated dosing in axillary hyperhidrosis** 1. Diagnosis of severe axillary hyperhidrosis 2. Prescriber is a dermatologist or neurologist or consult notes from a dermatologist or neurologist are provided 3. Inadequate response to FDA-approved dosing of 50 units per axilla 4. Requested dose is ≤ 200 units per axilla

Off-Label Indications	
Achalasia/esophageal dysphagia	**ALL** of the following: 1. Diagnosis of achalasia/esophageal dysphagia 2. Prescriber is a gastroenterologist or surgeon or consult notes from a gastroenterologist or surgeon are provided 3. ONE of the following: a. The member has failed a surgical option (e.g., pneumatic dilation, laparoscopic Heller myotomy with a partial fundoplication and peroral endoscopic myotomy [POEM]) b. The member is not a surgical candidate or is unwilling to undergo these procedures. 4. Initial requested dose is ≤ 100 units no more frequently than every six months
Pediatric chronic constipation	**ALL** of the following: 1. Diagnosis of pediatric chronic constipation 2. Member is < 18 years of age 3. Prescriber is a gastroenterologist or surgeon or consult notes from a gastroenterologist or surgeon are provided 4. Inadequate response or adverse reaction to **TWO** or contraindication to **ALL** laxatives 5. Inadequate response to dietary changes (e.g., increased intake of fluids and fiber) and/or behavior modification (e.g., biofeedback training, toilet training) 6. Initial requested dose is ≤ 100 units no more frequently than every three months
Sialorrhea	**ALL** of the following: 1. Diagnosis of sialorrhea 2. Inadequate response or adverse reaction to **TWO** or contraindication to **ALL** of the following: a. atropine b. glycopyrrolate c. hyoscyamine d. scopolamine e. tricyclic antidepressant (e.g., amitriptyline, nortriptyline, etc.) 3. Appropriate dosing (40 to 100 units every 3 to 6 months) 4. Inadequate response, adverse reaction, or contraindication to **BOTH** of the following agents: a. Myobloc b. Xeomin
Migraine prophylaxis, concomitant therapy with a CGRP inhibitor	**ALL** of the following: 1. Individual drug PA criteria must be met first where applicable 2. Diagnosis of migraine prophylaxis 3. Partial, but incomplete, response to CGRP inhibitor 4. Appropriate dosing
Migraine prophylaxis, dosing every 10 weeks	**ALL** of the following: 1. Individual drug PA criteria must be met first where applicable 2. Diagnosis of migraine prophylaxis

	3. Member received initial positive response to therapy 4. Member is still experiencing a "wearing-off" of efficacy after a dose increase to 195 units
Myofascial pain syndrome	**ALL** of the following: 1. Diagnosis of myofascial pain syndrome 2. Inadequate response or adverse reaction to **TWO** or contraindication to **ALL** of the following agents: a. cyclobenzaprine b. gabapentin or pregabalin c. local anesthetic (e.g., lidocaine patch) d. SNRI (e.g., duloxetine) e. TCA agent (e.g., amitriptyline) 3. Appropriate dosing (up to a total dose of 200 units)
Myofascial pelvic pain syndrome	**ALL** of the following: 1. Diagnosis of myofascial pelvic pain syndrome 2. Inadequate response, adverse reaction to **TWO** or contraindication to **ALL** of the following agents: a. gabapentin or pregabalin b. muscle relaxant (e.g., cyclobenzaprine) c. SNRI (e.g., duloxetine) d. TCA agent (e.g., amitriptyline) e. vaginal diazepam 3. Appropriate dosing (up to a total dose of 300 units)
Anal Fissures	**ALL** of the following: 1. Diagnosis of anal fissures 2. Prescriber is a gastroenterologist or surgeon or consult notes from a gastroenterologist or surgeon are provided 3. Inadequate response or adverse reaction to **ONE** or contraindication to **BOTH** of the following: a. Topical nifedipine product b. Topical nitroglycerin 4. Requested dose is ≤ 100 units no more frequently than every 12 weeks
Gastroparesis	**ALL** of the following: 1. Diagnosis of gastroparesis 2. Prescriber is a gastroenterologist or surgeon or consult notes from a gastroenterologist or surgeon are provided 3. Inadequate response, adverse reaction, or contraindication to **BOTH** of the following: a. metoclopramide b. erythromycin 4. Inadequate response or adverse reaction to **ONE** or contraindication to **ALL** antiemetics 5. Requested dose is ≤ 200 units no more frequently than every 12 weeks
Raynaud's Phenomenon	**ALL** of the following: 5. Diagnosis of Raynaud's Phenomenon 6. Inadequate response or adverse reaction to **THREE** or contraindication to **ALL** of the following:

	a. Calcium channel blocker (amlodipine or nifedipine) b. fluoxetine c. losartan d. PDE type 5 inhibitor e. Topical nitrate 3. Requested dose is ≤ 200 units/90 day
Trigeminal Neuralgia	**ALL** of the following: 1. Diagnosis of trigeminal neuralgia 2. Prescriber is a neurologist or physical medicine/rehabilitation physician or consult notes from a specialist are provided 3. Inadequate response or adverse reaction to **TWO** or contraindication to **ALL** of the following: a. baclofen b. carbamazepine c. gabapentin d. lamotrigine e. oxcarbazepine f. tizanidine g. topiramate 4. Appropriate dosing *(Use FDA-approved dosing as reference)*
Severe Craniofacial Hyperhidrosis	**ALL** of the following: 1. Diagnosis of severe craniofacial hyperhidrosis 2. Prescriber is a dermatologist or neurologist or consult notes from a dermatologist or neurologist are provided 3. Inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following: a. Aluminum chloride solution b. Oral glycopyrrolate c. Oral oxybutynin 4. Appropriate dosing
Thoracic Outlet Syndrome	**ALL** of the following: 1. Diagnosis of thoracic outlet syndrome 2. Member is symptomatic despite physical therapy 3. Inadequate response or adverse reaction to **TWO** or contraindication to **ALL** of the following a. anesthetic injection (e.g., bupivacaine, lidocaine, or ropivacaine) b. muscle relaxant (e.g., cyclobenzaprine) c. NSAID d. steroid injection (e.g., triamcinolone) 4. Requested dose is ≤ 100 units/90 days
Ventral Hernia	**ALL** of the following: 1. Diagnosis of ventral hernia 2. Member has a surgical procedure scheduled to treat a ventral hernia 3. **ONE** of the following: a. Facial defect size ≥ 5 cm as either a single defect or the summed total of multiple defects b. A loss of abdominal domain ≥ 20% c. Recurrent or multi-recurrent ventral hernia

	4. Requested dose is ≤ 500 units as a single dose

Daxxify (daxibotulinumtoxinA-lanm)	
Cervical dystonia/spasmodic torticollis	**ALL** of the following: 1. Diagnosis of cervical dystonia/spasmodic torticollis 2. Member is ≥ 18 years of age 3. Appropriate dosing

Dysport (abobotulinumtoxinA)	
Cervical dystonia/spasmodic torticollis	**ALL** of the following: 1. Diagnosis of cervical dystonia/spasmodic torticollis 2. Member is ≥ 18 years of age 3. Appropriate dosing
Spasticity	**ALL** of the following: 1. ONE of the following: a. Upper limb spasticity b. Lower limb spasticity 2. Member is ≥ 2 years of age 3. Dose is appropriate for stated indication (prescriber must provide child's weight)
Off-Label Indications	
Achalasia/esophageal dysphagia	**ALL** of the following: 1. Diagnosis of achalasia/esophageal dysphagia 2. Prescriber is a gastroenterologist or surgeon or consult notes from a gastroenterologist or surgeon are provided 3. ONE of the following: a. The member has failed a surgical option (e.g., pneumatic dilation, laparoscopic Heller myotomy with a partial fundoplication and peroral endoscopic myotomy [POEM]) b. The member is not a surgical candidate or is unwilling to undergo these procedures. 4. Initial requested dose is ≤ 250 units no more frequently than every six months
Anal Fissures	**ALL** of the following: 1. Diagnosis of anal fissures 2. Prescriber is a gastroenterologist or surgeon or consult notes from a gastroenterologist or surgeon are provided 3. Inadequate response or adverse reaction to **ONE** or contraindication to **BOTH** of the following: a. Topical nifedipine product b. Topical nitroglycerin Requested dose is ≤ 100 units no more frequently than every 12 weeks
See Appendix for High Dose Requests	

Myobloc (rimabotulinumtoxinB)	
Cervical dystonia/spasmodic torticollis	**ALL** of the following: 1. Diagnosis of cervical dystonia/spasmodic torticollis 2. Member is ≥ 18 years of age 3. Dose is appropriate for stated indication
Sialorrhea (salivary hypersecretion)	**ALL** of the following: 1. Diagnosis of sialorrhea 2. Member is ≥ 18 years of age 3. Inadequate response or adverse reaction to **TWO** or contraindication to **ALL** of the following agents: a. scopolamine b. glycopyrrolate c. atropine d. hyoscyamine e. TCA agent (e.g., amitriptyline, nortriptyline, etc) 4. Dose is appropriate for stated indication
See Appendix for High Dose Requests	

Xeomin (incobotulinumtoxinA)	
Cervical dystonia/spasmodic torticollis or **Blepharospasm**	**ALL** of the following: 1. **ONE** of the following diagnoses: a. Cervical dystonia/spasmodic torticollis b. Blepharospasm 2. Member is ≥ 18 years of age 3. Dose is appropriate for stated indication
Upper limb spasticity	**ALL** of the following: 1. Diagnosis of upper limb spasticity 2. Member is ≥ 2 years of age 3. Appropriate dosing (For pediatric members, prescriber must provide child's weight)
Sialorrhea	**ALL** of the following: 1. Diagnosis of sialorrhea 2. Member is ≥ 2 years of age 3. Physician attestation of inadequate response or adverse reaction to **TWO** or contraindication to **ALL** of the following agents: a. scopolamine b. glycopyrrolate c. atropine d. hyoscyamine e. Tricyclic antidepressant agent (e.g. amitriptyline, nortriptyline, etc) 4. Dose is appropriate for stated indication (prescriber must provide child's weight)
See Appendix for High Dose Requests	

All other conditions AND doses exceeding the limits set within the criteria will be reviewed on a case by case basis. Risk-benefit assessment should precede any decision for use in unlabeled indications as well as establishing that the patient is unresponsive to conventional treatment options.

Continuation of Therapy

Migraine Prophylaxis (in combination with CGRP inhibitor): Resubmission should document positive response to therapy and improvement of headache days per month.

Gastroparesis: Resubmission should document positive response to therapy.

All other indications: Reauthorizations require physician attestation of a positive response to therapy.

Limitations

1. Initial Authorizations will be granted for 3 months for the first course of therapy.
2. Reauthorizations will be granted for the following:
    a. Migraine Prophylaxis (in combination with CGRP inhibitor): 6 months
    b. Gastroparesis: 12 months
    c. All other indications: 12 months
3. Exclusions:
    a. The Plan will not cover Botox, Dysport, Myobloc or Xeomin for the following conditions: facial rhytids, frown lines, glabellar wrinkling, horizontal neck rhytids, hyperfunctional facial lines, mid and lower face and neck rejuvenation, platysmal bands, rejuvenation of the periorbital region, lateral canthal lines (crow's feet)
    b. Botox Cosmetic
    c. Dysport 300 units (abobotulinumtoxinA) (glabellar lines)i

Appendix

High Dose of Botulinum Toxin Products

	Adults: Requests for adults beyond the FDA-approved dose can be approved up to the following doses:	**Pediatrics:** Requests for members less than 18 years of age (or less than 60 kg) can be approved up to the following doses:
	Maximum Approvable Dose	**Maximum Approvable Dose**
Botox (onabotulinumtoxinA)	Up to 840 units	Up to 25 units/kg or a max total dose of up to 600 units (this would be multiple administration sites; please follow max dose per treatment session in respective area per PI)
Dysport (abobotulinumtoxinA)	Up to 1,500 units	Up to 25 units/kg or a max total dose of up to 1,000 units
Myobloc (rimabotulinumtoxinB)	Up to 25,000 units	Up to 400 units/kg or a max total dose of 10,000 units
Xeomin (incobotulinumtoxinA)	Up to 840 units	Requests for dosing outside of FDA-approved use in pediatric patients

		will be evaluated on a case-by-case basis

References

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Review History

12/01/2005 – Implemented
09/25/2006 – Reviewed
09/24/2007 – Reviewed
09/22/2008 – Reviewed
09/21/2009 – Reviewed
09/27/2010 – Reviewed
01/03/2011 – Exclusions section updated with new Dysport product
05/17/2011 – Xeomin BART
09/19/2011 – Reviewed
09/24/2012 – Reviewed

09/19/2013 – Dysport 300 units glabellar lines product
04/08/2013 – Botox exclusion: crow's feet
11/25/2013 – Reviewed
06/09/2014 – Added migraine trials to 3 based on specialist input
11/24/2014 – Reviewed
11/20/2017 – Updated
02/26/2018 – Updated
07/05/2018 – Added diagnosis of chronic sialorrhea to Xeomin
11/26/2018 – Updated
09/18/2019 – Added restriction of using concurrent CGRP with Botox for migraine and new indication of sialorrhea for Myobloc
11/20/2019 – Added new indications for upper limb spasticity in pediatrics and increased max dose for this indication from 1000 units to 1500 units
05/20/2020 – Reviewed and Updated May P&T Mtg; updated reauthorization for chronic migraines to decrease in frequency and/or severity of migraines. Effective 8/1/20.
07/20/2022 – Reviewed and Updated for July P&T; removed the following statement "The member is not concurrently using a calcitonin-gene receptor antagonist (CGRP), including, but not limited to Ajovy, Aimovig, Emgality."
09/21/2022 – Separated Comm/Exch vs MH policy; no clinical updates. Effective 10/1/2022
1/11/2023 – Reviewed and updated for Jan P&T. Matched MH UPPL criteria for all drugs. Added Appendix sections. Clarified approval durations. Updated references. Effective 2/1/23.
04/12/23 – Reviewed and updated for Apr P&T. Diagnosis of primary axillary hyperhidrosis age criteria update. Added specific criteria points to Concomitant CGRP and Botox therapy and 10-week botox dosing for migraine prophylaxis. Effective 6/5/23.
07/12/23 – Reviewed and updated for P&T. Off-label criteria were added for Botox for myofascial pain syndrome and for myofascial pelvic pain syndrome. Brand preferred and mandatory generic language was added under Limitations. Brand preferred and mandatory generic language was added under Limitations. Effective 07/31/2023
10/9/24 – Reviewed and updated for P&T. Daxxify was added to criteria. Botox criteria for overactive bladder was updated to include "urinary urgency, with or without incontinence", "nocturia", and "urinary frequency" as diagnoses. Botox criteria for migraine prophylaxis was updated to require "migraine" headache frequency (not just headache frequency). Botox off-label criteria were added for trigeminal neuralgia, severe craniofacial hyperhidrosis, and escalated dosing in axillary hyperhidrosis. Botox criteria for migraine prophylaxis, concomitant therapy with a CGRP inhibitor were updated to require appropriate dosing and to clarify requirement of partial, but incomplete, response to CGRP inhibitor. Dysport, Myobloc, and Xeomin criteria were updated to align age and indication requirements with package inserts. Effective 11/12/24
10/8/25 – Reviewed and updated for P&T. New indications for Botox was added: thoracic outlet syndrome and ventral hernia. Effective 11/17/25
11/4/26 – Reviewed and updated for P&T. Added step through a CGRP inhibitor in Botox criteria for the treatment of chronic migraine and added beta blockers as one of multiple step throughs. Updated dose of 300 units no more frequently than every 12 weeks for Botox criteria for the treatment of neurogenic bladder dysfunction/ neurogenic detrusor overactivity in adults. Updated off-label indication for anal fissures to only be available for Botox and Dysport with dosing limits added. Updated off-label indication for gastroparesis to only be available for Botox with a step-through trial of Erythromycin. Removed the requirement for spasticity to not be caused by cerebral palsy in members < 18 years in the Xeomin criteria for upper limb spasticity. Changed off-label Botox indication of anal stenosis, chronic constipation, encopresis to pediatric chronic constipation. Updated recertification criteria for gastroparesis to require positive response to therapy. Updated formatting and references. Effective 1/4/27