

GCHP Medi-Cal Clinical Guidelines

Botulinum Toxins A & B

**OnabotulinumtoxinA (BotoxTM), AbobotulinumtoxinA (DysportTM),
RimabotulinumtoxinB (MyoblocTM) and
IncobotulinumtoxinA (XeominTM)**

PA Criteria	Criteria Details
Covered Uses (FDA approved indications, non-cosmetic)	<p>AbobotulinumtoxinA (Dysport)</p> <ul style="list-style-type: none"> • Treatment of adults with cervical dystonia. • Treatment of spasticity in patients ≥ 2 years of age. <p>IncobotulinumtoxinA (Xeomin)</p> <ul style="list-style-type: none"> • Treatment of adults with blepharospasm. • Treatment of adults with cervical dystonia. • Treatment of chronic sialorrhea in patients ≥ 2 years of age. • Treatment of upper limb spasticity in adults and pediatric patients 2 to 17 years of age (excluding spasticity caused by cerebral palsy). <p>Onabotulinumtoxin A (Botox)</p> <ul style="list-style-type: none"> • Treatment of severe primary axillary hyperhidrosis in adults not adequately managed with topical agents. • Treatment of cervical dystonia in patients ≥ 16 years of age to reduce the severity of abnormal head position and neck pain. • Prophylaxis of chronic migraine headaches (≥ 15 days per month with headache lasting \geq four hours a day) in adults. • Treatment of neurogenic detrusor overactivity in pediatric patients ≥ 5 years of age who have an inadequate response to or who are intolerant to an anticholinergic medication. • Treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency in adults who have an inadequate response to or who are intolerant to an anticholinergic medication. • Treatment of spasticity in patients ≥ 2 years of age. • Treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders, in patients ≥ 12 years of age.



	<ul style="list-style-type: none">• Treatment of urinary incontinence due to detrusor overactivity associated with a neurologic condition (e.g., spinal cord injury, multiple sclerosis) in adults who have an inadequate response to or are intolerant of an anticholinergic medication <p>RimabotulinumtoxinB (Myobloc)</p> <ul style="list-style-type: none">• Treatment of adults with cervical dystonia to reduce the severity of abnormal head position and neck pain associated with cervical dystonia.• Treatment of chronic sialorrhea in adults. <p>DaxibotulinumtoxinA (Daxxify)</p> <ul style="list-style-type: none">• Treatment of cervical dystonia in adults.
Exclusion Criteria	The use of botulinum toxins for cosmetic indications is not considered medically necessary and is therefore not a benefit per DHCS.
Required Medical Information	<p>All of the following:</p> <ul style="list-style-type: none">• FDA-approved non-cosmetic indication.• FDA-approved dosage (refer to Maximum dosing unit below in Other Criteria/Information)• Alternative treatments (e.g., physical therapy, oral medication(s)) have been tried, or considered, have failed and/or are contra-indicated.• Clinical notes with treatment plan. <p>For off-label uses, refer to the General Off-Label clinical criteria.</p>
Age Restriction	<p>< 21 years of age – check for CCS eligibility</p> <p>2 years of age and older - onabotulinumtoxinA (Botox), abobotulinumtoxinA (Dysport)</p> <p>18 years of age and older – rimabotulinumtoxinB (Myobloc), incobotulinumtoxinA (Xeomin), daxibotulinumtoxinA (Daxxify)</p>



Prescriber Restrictions	<p>Specialty corresponding to the diagnosis as stated below in covered Uses:</p> <ul style="list-style-type: none">I. Dermatology<ul style="list-style-type: none">a. HyperhidrosisII. ENT/Otolaryngology<ul style="list-style-type: none">a. Laryngeal Dystoniab. SialorrheaIII. Gastroenterology<ul style="list-style-type: none">a. Achalasiab. Anal FissureIV. Nephrology<ul style="list-style-type: none">a. Overactive Bladder with or without urgency urinary incontinenceV. Neurology<ul style="list-style-type: none">a. Blepharospasmb. Cervical Dystoniac. Hemifacial Spasmd. Laryngeal Dystoniae. Migrainef. Motor Ticsg. Urinary Incontinence due to Neurogenic Detrusor Overactivityh. Sialorrheai. Spasticityj. Upper Extremity Focal DystoniaVI. Ophthalmology<ul style="list-style-type: none">a. Blepharospasmb. StrabismusVII. Physical Medicine and Rehabilitation<ul style="list-style-type: none">a. Migraineb. Cervical Dystoniac. Spasticityd. Motor TicsVIII. Urology<ul style="list-style-type: none">a. Overactive Bladder with or without urgency urinary incontinence
Coverage Duration	Three months.



Other Criteria/Information	Adapted from DHCS Pharmacy Manual Injections: Drugs B Policy July 2024.		
	HCPCS	Description	Dosing, Units
	J0585	OnabotulinumtoxinA (Botox)	Maximum billing units: 400 units every 12 weeks
	J0586	AbobotulinumtoxinA (Dysport)	Maximum billing units: 1,500 units every 12 weeks
	J0587	RimabotulinumtoxinB (Myobloc)	Maximum billing units: 5,000 units every 12 weeks
	J0588	IncobotulinumtoxinA (Xeomin)	Maximum billing units: 400 units every 12 weeks
	J0589	DaxibotulinumtoxinA (Daxxify)	Maximum of 250 units: every three months for a single treatment session

STATUS	DATE REVISED	REVIEW DATE	APPROVED / REVIEWED BY	EFFECTIVE DATE
		1/24/2019	Medical Advisory Committee (MAC)	1/24/2019
	4/25/2019			
		4/23/2020	Medical Advisory Committee (MAC)	4/20/2020
		4/22/2021	Medical Advisory Committee (MAC)	4/22/2021
		4/21/2022	Medical Advisory Committee (MAC)	4/21/2022
	4/20/2023			
Update	4/18/2024	7/18/2024	Medical Advisory Committee (MAC)	7/18/2024
Update	2/04/2025	N/A	Yoonhee Kim, Clinical Programs Pharmacist Lily Yip, Director of Pharmacy Services	N/A
Approved	N/A	2/13/2025	Pharmacy & Therapeutics (P&T) Committee	2/13/2025
Update	10/15/2025	N/A	Yoonhee Kim, Clinical Programs Pharmacist	N/A
Approved	N/A	11/13/2025	Pharmacy & Therapeutics (P&T) Committee	3/01/2026