

Private Insurance Coverage for Botulinum Toxin for Primary Axillary Hyperhidrosis: A Cross-Sectional Analysis

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INTRODUCTION

Axillary hyperhidrosis is a chronic dermatological condition characterized by excessive underarm sweating, often interfering with daily activities.¹ It is relatively common, with a prevalence of nearly 5.75%.¹ Despite substantial impacts on quality of life, the exact pathogenesis remains unclear. Treatment strategies primarily focus on reducing excessive sweating, commonly including topical agents, oral pharmacotherapy, and botulinum toxin in the axillary region.² Botulinum toxin selectively targets neurotransmitters in sebaceous glands to prevent the transmission of signals that induce sweat production.^{2,3} Although these neurotoxins have been proven to decrease sweating, insurance coverage varies, and the out-of-pocket expenses are typically high.^{1,2} To date, no studies have evaluated private insurance coverage of botulinum toxin in the treatment of primary axillary hyperhidrosis in the United States. Thus, our objective is to analyze the most up-to-date insurance coverage for botulinum toxin treatment for primary axillary hyperhidrosis among the largest private insurers in each US state.

The largest private insurers were identified using the National Association of Insurance Commissioners' yearly Accident and Health Market Share Report of 2024. Insurers were selected based on total earned premiums and market share percentage. Subsequently, insurers' online medical coverage policies were searched for prior authorization requirements, and injection timing was documented. Results are listed in Table 1.

Of the 50 states, a total of 40 identified private insurers with publicly available coverage guidelines for botulinum toxin use in treating primary axillary hyperhidrosis. States without publicly available coverage information included the following: Illinois Health Service Corporation, Mississippi Blue Cross Blue Shield, Montana Health Service Corporation, New Mexico Health

Service Corporation, Oklahoma Health Service Corporation, Oregon Cambia, Texas Health Service Corporation, Utah InterMountain Healthcare, Vermont Blue Cross Blue Shield, and Washington Kaiser. All private insurers with publicly available guidelines explicitly list primary axillary hyperhidrosis as a criterion for medically necessary botulinum toxin. The majority of policies listed coverage for all formulations of botulinum toxin type A, including Botox (onabotulinumtoxinA), Daxxify (daxibotulinumtoxinA), Dysport (abobotulinumtoxinA), and Xeomin (incobotulinumtoxinA). Additionally, all required prior authorization with evidence of failed topical or oral medications (eg, topical aluminum chloride, anticholinergics, etc.). The mean number of covered sessions per year was 3.9 sessions.

Our results indicate that all private insurers cover botulinum toxin for primary axillary hyperhidrosis after failed treatment with standard topical or oral agents, reinforcing evidence of its safety and efficacy.¹ Despite this, the cost of illness for the disease remains high, with botulinum toxin accounting for the highest percentage of out-of-pocket costs.² Financial barriers may include high copayments and deductibles, as well as the need for repeat treatments to achieve desired outcomes. Moreover, certain toxins may be more costly than others (eg, Botox, Daxxify, Dysport, etc.). Increasing patient education on insurance coverage policies and alternative financial assistance programs may aid in reducing the financial burden of disease and improving long-term outcomes.

Our study has several limitations—namely, only the largest private insurers per state were analyzed, limiting the generalizability of our results. Future research should investigate coverage variability among smaller insurers, as well as Medicaid and Medicare policies.

TABLE 1.

State-by-State Coverage for Botox for Primary Axillary Hyperhidrosis Among the Largest Private Insurers					
State	Top Private Insurer	Market Share	Coverage Per Private Insurer	Max Injections Covered	Notes
Alabama	BCBS	86%	Yes	4 sessions/year	Requires failed topical treatments
Alaska	Premera Blue Cross	46%	Yes	N/A	Requires failed topical treatments
Arizona	United Healthcare	28%	Yes	4 sessions/year	Requires failed topical treatments
Arkansas	BCBS	45%	Yes	4 sessions/year	Requires failed topical or oral treatments
California	Kaiser	37%	N/A	N/A	N/A
Colorado	United Healthcare	24%	Yes	4 sessions/year	Requires failed topical treatments
Connecticut	Elevance Health	37%	Yes	4 sessions/year	Requires failed topical or oral treatments
Delaware	Highmark	56%	Yes	N/A	Requires failed topical treatments
District of Columbia	BCBS	22%	Yes	N/A	Requires failed topical and oral treatments
Florida	BCBS	36%	Yes	4 sessions/year	Requires failed topical or oral treatments
Georgia	Elevance Health	33%	Yes	4 sessions/year	Requires failed topical or oral treatments
Hawaii	Hawaii Medical Service Association	63%	Yes	N/A	Requires failed topical treatments
Idaho	Blue Cross of Idaho	42%	Yes	3 sessions/year	Requires failed topical treatments
Illinois	Health Care Service Corporation	53%	Yes	N/A	N/A
Indiana	Elevance Health	56%	Yes	4 sessions/year	Requires failed topical or oral treatments
Iowa	Wellmark	47%	Yes	N/A	Requires failed topical or oral treatments
Kansas	BCBS	45%	Yes	N/A	Requires failed topical treatments
Kentucky	Elevance Health	67%	Yes	4 sessions/year	Requires failed topical or oral treatments
Louisiana	BCBS	66%	Yes	N/A	Requires failed topical treatments
Maine	Elevance Health	43%	Yes	4 sessions/year	Requires failed topical or oral treatments
Maryland	CareFirst	43%	Yes	N/A	Requires failed topical and oral treatments
Massachusetts	BCBS	35%	Yes	N/A	Requires failed topical treatments
Michigan	BCBS	67%	Yes	N/A	Requires failed topical or oral treatments
Minnesota	BCBS	38%	Yes	4 sessions/year	Requires failed topical treatments
Mississippi	BCBS	50%	Yes	N/A	N/A
Missouri	Elevance Health	29%	Yes	4 sessions/year	Requires failed topical or oral treatments
Montana	Health Care Service Corporation	50%	Yes	N/A	N/A
Nebraska	BCBS	45%	Yes	N/A	N/A
Nevada	United Healthcare	36%	Yes	4 sessions/year	Requires failed topical treatments
New Hampshire	Elevance Health	48%	Yes	4 sessions/year	Requires failed topical or oral treatments
New Jersey	Horizon	39%	Yes	N/A	Requires failed topical treatments
New Mexico	Health Care Service Corporation	48%	N/A	N/A	N/A
New York	United Healthcare	26%	Yes	4 sessions/year	Requires failed topical treatments
North Carolina	BCBS	48%	Yes	4 sessions/year	Requires failed topical treatment
North Dakota	BCBS	48%	Yes	4 sessions/year	Requires failed topical treatment
Ohio	Elevance Health	31%	Yes	4 sessions/year	Requires failed topical or oral treatments
Oklahoma	Health Care Service Corporation	57%	N/A	N/A	N/A
Oregon	Cambia	21%	N/A	N/A	N/A
Pennsylvania	Highmark	31%	Yes	4 sessions/year	Requires failed topical treatment
Rhode Island	BCBS	42%	Yes	N/A	Requires failed topical treatment
South Carolina	BCBS	59%	Yes	N/A	Requires failed topical treatment
South Dakota	Avera Health	33%	Yes	N/A	N/A
Tennessee	BCBS	42%	Yes	4 sessions/year	Requires failed topical treatment
Texas	Health Care Service Corporation	44%	N/A	N/A	N/A
Utah	Intermountain Healthcare	46%	N/A	N/A	N/A
Vermont	BCBS	57%	Yes	N/A	N/A
Virginia	Elevance Health	43%	Yes	4 sessions/year	Requires failed topical or oral treatments
Washington	Kaiser	21%	N/A	N/A	N/A
West Virginia	Highmark	52%	Yes	N/A	Requires failed topical treatments
Wisconsin	United Healthcare	27%	Yes	4 sessions/year	Requires failed topical treatments
Wyoming	Cigna	40%	Yes	4 sessions/year	Requires failed topical treatments

BCBS: Blue Cross Blue Shield

Source: <https://content.naic.org/sites/default/files/publication-msr-hb-accident-health.pdf>

DISCLOSURES

The authors have no financial or non-financial interests to disclose.

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