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| Intervention   | **145. Botulinum Toxin Type A injection to Masticatory Muscles**  |
| For the treatment of   | Temporomandibular disorder (TMD) and/or Masseter Hypertrophy (MH) |
| Commissioning Position   | This intervention is not commissioned and therefore should not be routinely offered to patients. Application for funding approval can be made, using the IFR process, by the clinician recommending the intervention, if their assessment is that there are exceptional reasons why their patient could benefit from it. |
| Summary of Rationale  | The evidence on clinical effectiveness of Botulinum toxin A injection for TMS or MH is currently inconclusive but adverse effects have been noted, including impaired muscle function and jawbone density loss. When studies have identified symptomatic benefit, there is a high rate of relapse by 3 months and repeat injections were found to be associated with higher rates of adverse effects than a single injection. |
| References   | [Scenario: Management | Management | Temporomandibular disorders (TMDs) | CKS | NICE](https://cks.nice.org.uk/topics/temporomandibular-disorders-tmds/management/management/)[Comprehensive-guideline-Management-of-painful-Temporomandibular-disorder-in-adults-March-2024.pdf](https://www.rcseng.ac.uk/-/media/FDS/Comprehensive-guideline-Management-of-painful-Temporomandibular-disorder-in-adults-March-2024.pdf)[Botulinum toxin for masseter hypertrophy - Fedorowicz, Z - 2013 | Cochrane Library](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007510.pub3/full)[Systematic review of the histological and functional effects of botulinum toxin A on masticatory muscles: Consideration in dentofacial orthopedics and orthognathic surgery - ScienceDirect](https://www.sciencedirect.com/science/article/abs/pii/S0940960224000943) |
| Effective from  | ??July 2025 |
| Policy Review Date   | ??July 2028 |