

**Position on storage and reuse of  
reconstituted injectable  
botulinum toxin type A**

**Support:**

- Clinically appropriate reconstitution of vials of botulinum toxin type A, which can be refrigerated or refrozen for at least 4 weeks prior to injections without clinically significant risk of contamination or decreased effectiveness
- Allowance for administration of individual vials of botulinum toxin type A on more than one patient or for more than one patient visit when it has been reconstituted in a clinically appropriate manner and safely handled

**Oppose:**

- Requirements which cause physicians to disregard clinical judgment and consensus guidelines in order to comply with standards that are not backed by scientific evidence
- Clinical constraints that lead to premature discarding of usable neurotoxin which is wasteful, costly, and not in the best interest of the patient

**When board-certified dermatologists and other US physicians properly store and reuse reconstituted, single vial botulinum toxin type A, it can be safe to use for at least four weeks and among multiple patients.** ASDS commissioned a Blue Ribbon Panel in 2013 to evaluate the safety and effectiveness of the storage and reuse of botulinum toxin reconstituted with saline (with or without preservatives). After completing a systematic literature review, the ASDS Board of Directors approved the findings in May 2014. The systematic review found that, based on the best evidence, a vial of botulinum toxin A, reconstituted in a clinically appropriate manner, can be refrigerated or refrozen for at least 4 weeks prior to injection without clinically significant risk of contamination or decreased effectiveness. In addition, a vial of botulinum toxin A, reconstituted in a clinically appropriate manner, can be used to treat multiple patients, assuming appropriate handling. Given the overwhelming evidence demonstrating the safety and effectiveness of stored and reused neurotoxin with proper handling, prematurely discarding usable neurotoxin is wasteful, costly, and not in the best interests of the patient, or the US healthcare system. These findings were published in ASDS' peer-reviewed journal in early 2015.<sup>1</sup>

*Approved by the ASDSA Board of Directors: December 2014  
Reaffirmed May 2019  
Reaffirmed January 2024*

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<sup>1</sup> Alam M, Bolotin D, Carruthers J, et al. Consensus statement regarding storage and reuse of previously reconstituted neuromodulators. *Dermatol Surg.* 2015;41(3):321-6.