

Reference number
2250-A

## SPECIALTY GUIDELINE MANAGEMENT

### XEOMIN (incobotulinumtoxinA)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

###### FDA-Approved Indications

- A. Cervical dystonia in adult patients
- B. Blepharospasm in adults
- C. Upper limb spasticity in adults
- D. Chronic sialorrhea in adults

All other indications are considered experimental/investigational and are not a covered benefit.

##### II. EXCLUSIONS

Coverage will not be provided for cosmetic use.

##### III. CRITERIA FOR INITIAL APPROVAL

###### A. Cervical dystonia

Authorization of 12 months may be granted for treatment of cervical dystonia (e.g., torticollis).

###### B. Blepharospasm

Authorization of 12 months may be granted for treatment of blepharospasm.

###### C. Upper limb spasticity

Authorization of 12 months may be granted for treatment of upper limb spasticity.

###### D. Chronic sialorrhea

Authorization of 12 months may be granted for treatment of chronic sialorrhea.

##### IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

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## V. REFERENCES

1. Xeomin [package insert]. Dessau-Rosslau, Germany: Merz Pharmaceuticals, LLC; May 2019.