

PRIOR AUTHORIZATION POLICY

POLICY: Botulinum Toxin – Xeomin Prior Authorization Policy

- Xeomin® (incobotulinumtoxinA injection – Merz)

REVIEW DATE: 01/11/2023

OVERVIEW

Xeomin (incobotulinumtoxinA) is indicated for the following uses:¹

- **Blepharospasm** in adults.
- **Cervical dystonia** in adults.
- **Sialorrhea**, chronic, in patients ≥ 2 years of age.
- **Upper limb spasticity:**
 - in adults.
 - in pediatric patients ≥ 2 years of age, excluding spasticity caused by cerebral palsy.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Xeomin. All approvals are provided for the duration noted below.

Prior Authorization and prescription benefit coverage are not recommended for cosmetic conditions.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

FDA-Approved Indications

1. **Blepharospasm.** Approve for 1 year.
2. **Cervical Dystonia.** Approve for 1 year.
Note: Cervical dystonia is also known as spasmodic or cervical torticollis.
3. **Sialorrhea, Chronic.** Approve for 1 year.
4. **Spasticity, Upper Limb.** Approve for 1 year.
Note: For other forms of spasticity that do not fit this condition of approval, refer to Other Uses with Supportive Evidence, Spasticity.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Xeomin is not recommended in the following situations:

1. **Cosmetic Uses.** Note: Examples of cosmetic uses include facial rhytides, frown lines, glabellar wrinkling, horizontal neck rhytides, mid and lower face and neck rejuvenation, platysmal bands, or

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rejuvenation of the periorbital region. Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical pharmacy benefit.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Xeomin® injection [prescribing information]. Raleigh, NC and Franksville, WI: Merz; August 2021.