

## PRIOR AUTHORIZATION POLICY

**POLICY:** Botulinum Toxins – Xeomin Prior Authorization Policy

- Xeomin® (incobotulinumtoxinA injection – Merz)

**REVIEW DATE:** 10/02/2024

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### OVERVIEW

Xeomin (incobotulinumtoxinA), an acetylcholine release inhibitor and neuromuscular-blocking agent, is indicated for the following uses:<sup>1</sup>

- **Blepharospasm** in adults.
- **Cervical dystonia** in adults.
- **Sialorrhea, chronic**, in patients  $\geq 2$  years of age.
- **Upper limb spasticity:**
  - In adults.
  - In pediatric patients  $\geq 2$  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.

Prescription benefit coverage is not recommended for cosmetic conditions.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Xeomin is recommended in those who meet one of the following criteria:

#### FDA-Approved Indications

1. **Blepharospasm.** Approve for 1 year if the patient is  $\geq 18$  years of age.  
Note: This includes blepharospasm associated with dystonia, benign essential blepharospasm, seventh (VII) nerve disorders.
2. **Cervical Dystonia.** Approve for 1 year if the patient is  $\geq 18$  years of age.  
Note: Cervical dystonia is also known as spasmodic torticollis.
3. **Sialorrhea, Chronic.** Approve for 1 year if the patient is  $\geq 2$  years of age.
4. **Spasticity, Upper Limb(s).** Approve for 1 year if the patient is  $\geq 2$  years of age.

### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Xeomin is not recommended in the following situations:

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1. **Cosmetic Uses.** Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical pharmacy benefit.

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 rejuvenation of the periorbital region.

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; July 2024.