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 adults in both botulinum toxin-naïve and previously treated patients
B. Blepharospasm in adults who were previously treated with onabotulinumtoxinA (Botox)
C. Upper limb spasticity 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 (eg, torticollis).

B. Blepharospasm
Authorization of 12 months may be granted for treatment of blepharospasm when the member has received a prior treatment with onabotulinumtoxinA.

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

IV. CONTINUATION OF THERAPY

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

V. REFERENCES

1. Xeomin [package insert]. Dessau-Rosslau, Germany: Merz Pharmaceuticals, LLC.; December 2015