



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Xeomin

Page: 1 of 3

Effective Date: 1/6/2025

Last Review Date: 11/2024

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Arizona

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Xeomin under the patient's prescription drug benefit.

### Description:

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. Treatment of chronic sialorrhea in patients 2 years of age and older
- B. Treatment of upper limb spasticity in adult patients
- C. Treatment of upper limb spasticity in pediatric patients 2 to 17 years of age, excluding spasticity caused by cerebral palsy
- D. Treatment of cervical dystonia in adult patients
- E. Treatment of blepharospasm in adult patients

All other indications are considered experimental/investigational and not medically necessary.

### Applicable Drug List:

Xeomin

### Policy/Guideline:

#### Prescriber Specialty:

The medication must be prescribed by or in consultation with a provider specialized in treating the member's condition.

#### Exclusions:

Coverage will not be provided for cosmetic use.

#### Criteria for Initial Approval:

##### A. Chronic Sialorrhea (excessive salivation)

Authorization of 12 months may be granted for treatment of chronic sialorrhea (excessive salivation) when all of the following criteria are met:

1. Member is 2 years of age or older
2. Member has been refractory to pharmacotherapy (e.g., anticholinergics)



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## B. Cervical dystonia

Authorization of 12 months may be granted for treatment of adults with cervical dystonia (e.g., torticollis) when all of the following criteria are met:

1. Member is 18 years of age or older
2. There is abnormal placement of the head with limited range of motion in the neck.

## C. Blepharospasm

Authorization of 12 months may be granted for treatment blepharospasm when all of the following criteria are met:

1. Member has a diagnosis of blepharospasm including benign essential blepharospasm or blepharospasm associated with dystonia
2. Member is 18 years of age or older.

## D. Upper limb spasticity

Authorization of 12 months may be granted for the treatment of upper limb spasticity when all of the following are met:

1. Member has a diagnosis of upper limb spasticity either as a primary diagnosis or as a symptom of a condition causing limb spasticity
2. Member meets one of the following criteria:
  - a. Member is 18 years of age or older
  - b. Member is 2 to 17 years of age and the spasticity is not caused by cerebral palsy.

## Continuation of Therapy:

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria and be experiencing benefit from therapy.

## Approval Duration and Quantity Restrictions:

**Approval:** 12 months

## References:

1. Xeomin [package insert]. Raleigh, NC: Merz Pharmaceuticals LLC; July 2024.
2. Restivo D, Panebianco M, Casabona A et al. Botulinum Toxin A for Sialorrhea Associated with Neurological Disorders: Evaluation of the Relationship between Effect of Treatment and the Number of Glands Treated. *Toxins* 2018;55:1-10.
3. Lakraj AA, Moghimi N, Jabbari B. Sialorrhea: Anatomy, Pathophysiology and Treatment with Emphasis on the Role of Botulinum Toxins. *Toxins* 2013, 5, 1010-1031
4. Glader L, Delsing C, Hughes A et al. Sialorrhea in cerebral palsy. *American Academy for Cerebral Palsy and Developmental Medicine Care Pathways*. <https://www.aacpdm.org/publications/care-pathways/sialorrhea>. Accessed August 13, 2024.
5. Garuti G, Rao F, Ribuffo V et al. Sialorrhea in patients with ALS: current treatment options. *Degener Neurol Neuromuscul Dis*. 2019; 9: 19–26.



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6. Simpson DM, Hallett, M, Ashman E, et al. Practice guideline update summary: Botulinum neurotoxin for the treatment of blepharospasm, cervical dystonia, adult spasticity, and headache. Report of the guideline development subcommittee of the American Academy of Neurology. *Neurology*. 2016;86:1818-1816.