



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Xeomin

Page: 1 of 3

Effective Date: 1/29/2024

Last Review Date: 12/2023

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 one of the following:

- A. Chronic sialorrhea: neurologist or otolaryngologist
- B. Cervical dystonia and upper limb spasticity: neurologist, orthopedist or physiatrist
- C. Blepharospasm: neurologist or ophthalmologist

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



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Xeomin

Page: 2 of 3

Effective Date: 1/29/2024

Last Review Date: 12/2023

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

2. Member has been refractory to pharmacotherapy (e.g., anticholinergics)

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; August 2021.
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 July 27, 2022.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Xeomin

Page: 3 of 3

Effective Date: 1/29/2024

Last Review Date: 12/2023

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

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.
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.