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. Treatment of cervical dystonia in adult patients
- B. Treatment of blepharospasm in adult patients
- C. Treatment of upper limb spasticity in adult patients
- D. Treatment of chronic sialorrhea in adult patients

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

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 (e.g., torticollis) when there is sustained head torsion and/or tilt with limited range of motion.

B. Blepharospasm

Authorization of 12 months may be granted for treatment of blepharospasm.

C. Upper limb spasticity

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

D. Excessive salivation

Authorization of 12 months may be granted for treatment of excessive salivation (chronic sialorrhea) when the member has been refractory to pharmacotherapy (e.g. anticholinergics).

IV. CONTINUATION OF THERAPY

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

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V. REFERENCES

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- 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
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