AMWINS Rx

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Botulinum Toxin – Xeomin Utilization Management Medical Policy
- Xeomin® (incobotulinumtoxinA injection – Merz)

REVIEW DATE: 01/11/2023

OVERVIEW

Xeomin (incobotulinumtoxinA) is indicated for the following uses:[1]
- **Blepharospasm** in adults.
- **Cervical dystonia** in adults.
- **Sialorrhea**, chronic, in patients ≥ 2 years of age.
- **Upper limb spasticity**:
  - in adults.
  - in pediatric patients ≥ 2 years of age, excluding spasticity caused by cerebral palsy.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Xeomin. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. In cases where the dosing interval is provided in months, 1 month is equal to 30 days.

Medical benefit coverage is not recommended for cosmetic conditions.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

FDA-Approved Indications

1. Blepharospasm. Approve for 1 year.

Dosing. Approve up to a maximum dose of 100 units (50 units per eye), administered not more frequently than once every 12 weeks.

2. Cervical Dystonia. Approve for 1 year.
Note: Cervical dystonia is also known as spasmodic or cervical torticollis.

Dosing. Approve up to a maximum dose of 120 units, administered not more frequently than once every 12 weeks.

3. Sialorrhea, Chronic. Approve for 1 year.

Dosing. Approve one of the following regimens (A or B):

A) Patient is ≥ 18 years of age: Approve up to a maximum dose of 100 units (50 units per side), administered not more frequently than once every 16 weeks.

B) Patient is < 18 years of age: Approve up to a maximum dose of 75 units (37.5 units per side), administered not more frequently than once every 16 weeks.

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4. Spasticity, Upper Limb. Approve for 1 year.
Note: For other forms of spasticity that do not fit this condition of approval, refer to Other Uses with Supportive Evidence, Spasticity.

Dosing. Approve one of the following regimens (A or B):

A) Patient is ≥ 18 years of age: Approve up to a maximum dose of 400 units, administered not more frequently than once every 12 weeks.

B) Patient is < 18 years of age: Approve up to a maximum dose of 16 units/kg (not to exceed 400 units), administered not more frequently than once every 12 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Xeomin is not recommended in the following situations:

1. Cosmetic Uses. Note: Examples of cosmetic uses include facial rhytides, frown lines, glabellar wrinkling, horizontal neck rhytides, mid and lower face and neck rejuvenation, platsymal bands, or rejuvenation of the periorbital region. Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical medical benefit.

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; August 2021.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	07/13/2022
Early Annual Revision	**Hyperhidrosis, Primary Axillary, Palmar/Plantar, and Facial:** This Other Use with Supportive Evidence was removed from the policy. **Spasticity, other than Upper Limb:** This Other Use with Supportive Evidence was removed from the policy.	01/11/2023