



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

**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



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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



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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.
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.