

Jurisdiction Specific Medicare Part B

Xeomin

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Xeomin	incobotulinumtoxinA

Covered Uses

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

- Cervical dystonia
- Chronic sialorrhea
- Blepharospasm
- Upper limb spasticity

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Exclusions

The following are exclusions to therapy:

- Treatment of wrinkles using Botulinum toxins is considered to be cosmetic and is not covered.
- Payment will not be made for any spastic condition of smooth muscle, such as spastic colon and biliary dyskinesia.

Coverage Criteria

Cervical Dystonia

Authorization of 12 months may be granted for treatment of cervical dystonia (spasmodic torticollis) in an adult.

Chronic Sialorrhea

Authorization of 12 months may be granted for treatment of chronic sialorrhea in a member 2 years of age and older who has failed to respond to a reasonable trial of traditional therapies (e.g., anticholinergics and speech therapy) or who have a contraindication to or cannot tolerate anticholinergic therapy.

Blepharospasm

Authorization of 12 months may be granted for treatment of blepharospasm in an adult.

Upper Limb Spasticity

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

- The member is an adult
- The member is 2 to 17 years of age, excluding spasticity caused by cerebral palsy

Continuation of Therapy

Failure of two definitive, consecutive, treatment sessions involving a muscle or group of muscles could preclude further coverage of the serotype used in the treatment for a period of one year after the second session. It may be reasonable, however, to attempt treatment with a different serotype.

Dosage and Administration

It is generally not considered medically necessary to give Botulinum toxin injections for spastic or excess muscular contraction conditions more frequently than every 90 days.

Reference number(s)
5238-A

References

1. Botulinum Toxins (L33949) Version R18. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed July 22, 2024.
2. Billing and Coding: Botulinum Toxins (A56472) Version R8. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed July 22, 2024.
3. Xeomin [package insert]. Raleigh, NC: Merz Pharmaceuticals, LLC. July 2024.