

Reference number(s) 5241-A

# 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.

# **Coverage Criteria**

# Cervical Dystonia

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

Xeomin Med B Jurisdiction J (AL, GA, TN) and M (NC, SC, VA, WV) 5241-A P2024.docx

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

#### Chronic Sialorrhea

Authorization of 12 months may be granted for treatment of chronic sialorrhea in a member 2 years of age and older.

### 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

# **Dosage and Administration**

Chemodenervation treatment has a variable lasting beneficial effect from 12 to 16 weeks, following which the procedure may need to be repeated. It is appropriate to inject the lowest clinically effective dose at the greatest feasible interval that results in the desired clinical result. Services performed for excessive frequency are not medically necessary. Frequency is considered excessive when services are performed more frequently than generally accepted by peers, and the reason for additional services is not justified by documentation.

## References

- 1. Chemodenervation LCD (L33458) Version R24. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed July 23, 2024.
- 2. Billing and Coding: Chemodenervation (A56646) Version R8. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed July 23, 2024.
- 3. Xeomin [package insert]. Raleigh, NC: Merz Pharmaceuticals, LLC. July 2024.