

POLICY NAME	Xeomin (incobotulinumtoxin A)	POLICY #	2377P
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Criteria

Criteria for Coverage for Cervical Dystonia

- ☐ Alternative diagnoses ruled out including chronic neuroleptic treatment, contractures, and other neuromuscular disorders
- ☐ Involuntary contractions of the neck muscles
- ☐ Chronic head torsion or tilt
- ☐ Symptoms present for at least 6 months
- ☐ Approval Time
 - Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks within 12 months
 - Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks

Criteria for Coverage for Blepharospasm

- ☐ Previous treatment with Botox
- ☐ Approval Time
 - Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks within 12 months
 - Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks

Criteria for Coverage for Upper Limb Spasticity

- ☐ Documented focal wrist, elbow, or finger spasticity which originated at least 6 weeks post-cerebrovascular event (CVE) or progression of multiple sclerosis
- ☐ Difficulty maintaining hygiene, dressing or pain

- ☐ Documented failure, intolerance, or contraindication to oral antispasmodics and muscle relaxants;
 - Baclofen
 - Tizanidine
 - Cyclobenzaprine
 - Methocarbamol
 - Carisoprodol
- ☐ Sufficient motivation and cognitive function to actively participate in physical therapy post injection
- ☐ No documented fixed contractures or profound muscle atrophy
- ☐ Member will not receive treatment with phenol, alcohol, or surgery
- ☐ Approval Time
 - Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks within 12 months
 - Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks

Coverage for Sialorrhea

- ☐ Age 2 years or older
- ☐ Documented diagnosis of one of the following:
 - Parkinson's Disease
 - Amyotrophic Lateral Sclerosis (ALS) Criteria Statement of the Policy References
 - Cerebral Palsy
 - Stroke
- ☐ Documented failure or intolerance to one of the following therapies:
 - Glycopyrrolate
 - Amitriptyline
 - Hyoscyamine
 - Sublingual ipratropium
 - Sublingual atropine
- ☐ Approval Time
 - Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks within 12 months
 - Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks CPT Codes HCPCS Codes J0588 Injection, incobotulinumtoxin A [Xeomin]