



Coverage Policy/Guideline

Name: Xeomin	Page: 1 of 3
Effective Date: 12/17/2025	Last Review Date: 11/20/2025
Applies to: <input checked="" type="checkbox"/> Arizona	

**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 a provider specialized in treating the member’s condition.

**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 the following criteria are met:

1. Member is 2 years of age or older
2. Member has been refractory to pharmacotherapy (e.g., anticholinergics)

**B. Cervical dystonia**



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Name: Xeomin	Page: 2 of 3
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Authorization of 12 months may be granted for treatment of adults with cervical dystonia (e.g., torticollis) when ALL 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 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 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; July 2024.
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 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-in-cerebral-palsy> Accessed August 17, 2025.
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.



Coverage Policy/Guideline

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