

Incobotulinumtoxin A

(Xeomin)

Covered with prior authorization

Inclusion criteria

While this class of medications is approved for medical and cosmetic purposes, SmartHealth will cover these medications only for medically necessary purposes.

- For adults > 18 years old
 - Approval will be considered only for FDA-approved indications, doses, and dosing intervals
- Additional criteria for Sialorrhea: Trial and failure of anticholinergic medication (ie, benztropine)
- Additional criteria for Blepharospasm: Must have been previously treated with Botox (onabotulinumtoxin A)

Indication	Botox	Dysport	Xeomin	Myobloc
Prophylaxis of headaches in adult patients with chronic migraine (≥15 days per month with headache lasting 4 hours a day or longer)	X			
Treatment of spasticity	X*	X*	X^	
Treatment of cervical dystonia in adult patients	X	X	X	X
Treatment of severe axillary hyperhidrosis that is inadequately managed by topical agents in adult patients	X			
Treatment of blepharospasm	X**		X#	
Treatment of strabismus in patients ≥12 years of age	X			
Treatment or improvement of chronic sialorrhea			X*	X#

Developed by: Ambulatory Care Expert Review Panel, January 2022

Approved by: Ambulatory Care Steering Committee, January 2022; Therapeutic Affinity Group, February 2022

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Indication	Botox	Dysport	Xeomin	Myobloc
Treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication	X			
Treatment of urinary incontinence due to detrusor overactivity associated with a neurologic condition (e.g. spinal cord injury, multiple sclerosis) in adults who have an inadequate response to or are intolerant of an anticholinergic medication	X			
Treatment of neurogenic detrusor overactivity in pediatric patients 5 years of age and older who have an inadequate response to or are intolerant of anticholinergic medication	X			
The temporary improvement in the appearance of moderate to severe glabellar lines associated with procerus and corrugator muscle activity in adults < 65 years of age		X	X	

*Patients 2 years of age and older

**Must also be associated with dystonia in patients 12 years of age and older

^Approved upper limb spasticity in adults and pediatric patients 2-17 years of age, excluding spasticity caused by cerebral palsy

Exclusion criteria

- Xeomin (incobotulinumtoxin A)
 - Hypersensitivity to any botulinum toxin product
 - Infection of injection site

If you have questions, call [833-980-2352](tel:833-980-2352) to speak to a member of the Ascension Rx prior authorization team or email your questions to smarthealthspecialty@ascension.org.