

incobotulinumtoxinA (Xeomin)

Commercial Medical Benefit Drug Policy

Place of Service

Office Administration

Drug Details

USP Category: SKELETAL MUSCLE RELAXANTS

Mechanism of Action: blocks neuromuscular conduction by binding to receptor sites on motor nerve terminals, entering the nerve terminals, and inhibiting the release of acetylcholine

HCPCS:

J0588:Injection, incobotulinumtoxin a, 1 unit

How Supplied:

50 Units, 100 Units, or 200 Units lyophilized powder in a single-dose vial

Condition(s) listed in policy (*see coverage criteria for details*)

- Blepharospasm
- Cervical Dystonia
- Sialorrhea
- Spasticity

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice.

Cervical Dystonia

Meets medical necessity if all the following are met:

1. Involuntary contractions of the neck muscles, causing abnormal placement of the head with limited range of motion in the neck

Covered Doses:

Up to 240 units per treatment session given intramuscularly no sooner than every 12 weeks

Coverage Period:

Indefinite

ICD-10:

G24.3

Sialorrhea

Meets medical necessity if all the following are met:

1. Patient has sialorrhea (drooling) due to neurodegenerative disease (e.g., Parkinson’s disease, amyotrophic lateral sclerosis)
2. Meets one of the following:
 - a. Patient has tried conservative treatments (e.g., behavioral therapy, oral motor training, anticholinergic therapy)
 - b. Conservative treatments are not appropriate options for the patient

Covered Doses:

Adults: Up to 100 units per treatment session given by intraglandular injection no sooner than every 16 weeks

Pediatrics:

Body weight	Total dose, Both glands (parotid and submandibular gland), Both sides
12 kg or more to less than 15 kg	Up to 20 units given by intraglandular injection no sooner than every 16 weeks
15 kg or more to less than 19 kg	Up to 30 units given by intraglandular injection no sooner than every 16 weeks
19 kg or more to less than 23 kg	Up to 40 units given by intraglandular injection no sooner than every 16 weeks
23 kg or more to less than 27 kg	Up to 50 units given by intraglandular injection no sooner than every 16 weeks
27 kg or more to less than 30 kg	Up to 60 units given by intraglandular injection no sooner than every 16 weeks
30 kg or more	Up to 75 units given by intraglandular injection no sooner than every 16 weeks

Coverage Period:

Indefinite

ICD-10:

K11.7

Spasticity

Meets medical necessity if all the following are met:

1. Patient has upper limb spasticity with evidence of functional impairment and/or pain

Covered Doses:

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Adults: Up to 400 units per treatment session given intramuscularly no sooner than every 12 weeks
Pediatrics: Up to 200 units per limb given given intramuscularly no sooner than every 12 weeks

Coverage Period:

Indefinite

ICD-10:

G04.1, G11.4, G24.02, G24.09, G24.1, G24.2, G25.0, G25.1, G25.2, G25.61, G25.69, G25.89, G35.A, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, G35.D, G80.0, G80.1, G80.2, G80.3, G80.4, G80.8, G81.11, G81.12, G81.13, G81.14, G82.21, G82.22, G82.51, G82.52, G82.53, G82.54, G83.0, G83.21, G83.22, G83.23, G83.24, I69.031, I69.032, I69.033, I69.034, I69.051, I69.052, I69.053, I69.054, I69.131, I69.132, I69.133, I69.134, I69.151, I69.152, I69.153, I69.154, I69.231, I69.232, I69.233, I69.234, I69.251, I69.252, I69.253, I69.254, I69.331, I69.332, I69.333, I69.334, I69.351, I69.352, I69.353, I69.354, I69.831, I69.832, I69.833, I69.834, I69.851, I69.852, I69.853, I69.854, I69.931, I69.932, I69.933, I69.934, I69.941, I69.942, I69.943, I69.944, I69.951, I69.952, I69.953, I69.954

The following condition(s) DO NOT require Prior Authorization/Preservice if ALL its parameters are met, otherwise Prior Authorization/Preservice is required.

Blepharospasm

Covered Doses:

Up to 50 units per eye given intramuscularly no sooner than every 12 weeks

ICD-10:

G24.5

References

1. Xeomin (incobotulinumtoxinA) Prescribing Information. Raleigh, NC: Merz Pharmaceuticals, LLC; 2/2026.

Review History

Date of Last Annual Review: 2Q2026

Changes from previous policy version:

- Removed coverage for focal limb dystonia of the upper extremity, hyperhidrosis, and achalasia (Rationale: Not supported by labeling or in compendia)

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*