

## incobotulinumtoxinA (Xeomin)

### 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  $\alpha$ , 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 California Code of Regulations (CCR), Title 22, Section 51303 and 51313 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.

### Coverage Criteria

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

#### **Blepharospasm**

**Meets medical necessity if all the following are met:**

#### **Covered Doses:**

Up to 50 units per eye given intramuscularly

#### **Coverage Period:**

One treatment session

**ICD-10:**

G24.5

**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:**

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

**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*