

Effective Date: 01/01/2022
Reviewed: 10/2021, 1/2022, 3/2023, 12/2023, 01/2024, 06/2025, 05/2026
Pharmacy Scope: Medicaid (Pharmacy Benefit ONLY)
Medical Scope: Commercial, Medicare

Xeomin® (incobotulinumtoxinA) (Intramuscular/Intradetrusor/Intradermal)

Scope: Medicaid**, Commercial, Medicare

****Effective 01/01/2022: Medication will only be covered on the Pharmacy Benefit for Medicaid Members**

I. Length of Authorization

- Coverage will be provided for six months and may be renewed for 12 months.
- Preoperative use in Ventral Hernia may NOT be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [Medical Benefit]:

- Xeomin 50 unit Injection: 1 vial per 84 day supply
- Xeomin 100 unit Injection: 1 vial per 84 day supply (*per 112 days for severe primary axillary hyperhidrosis*)
- Xeomin 100 unit Injection: 5 vials once (for Ventral Hernia only)
- Xeomin 200 unit Injection: 2 vials per 84 day supply
- **Max Units (per dose and over time) [HCPCS Unit]:**

Indication	Billable Units	Per # days
Cervical dystonia	200	84
Blepharospasms	100	84
Upper limb spasticity	400	84
Prophylaxis for chronic migraines	200	84
Incontinence due to neurogenic detrusor overactivity	200	84
Overactive bladder (OAB)	100	84
Severe primary axillary hyperhidrosis	100	112
Sialorrhea	100	112
Ventral Hernia	500	N/A

B. Quantity Limit (max daily dose) [Medicaid Pharmacy Benefit]:

- Xeomin 1 fill per 84 days

Effective Date: 01/01/2022
Reviewed: 10/2021, 1/2022, 3/2023, 12/2023, 01/2024, 06/2025, 05/2026
Pharmacy Scope: Medicaid (Pharmacy Benefit ONLY)
Medical Scope: Commercial, Medicare

III. Summary of Evidence

Xeomin is an acetylcholine release inhibitor and neuromuscular blocking agent used for several indications including the treatment of chronic sialorrhea, cervical dystonia, blepharospasm, upper limb spasticity, and improvement of glabellar lines. Several randomized, double-blind, placebo-controlled trials Xeomin demonstrated significant reduction in symptom severity and improved functions utilizing differing measurements – uSFR (unstimulated Salivary Flow Rate), GICS (Global Impression of Change Scale), Ashworth Scale, TWSTRS scores, and JRS Severity sub-scores, all demonstrating statistical significance. The most reported side effects of Xeomin include dry mouth, diarrhea, hypertension, bronchitis, headache, nausea/vomiting, seizure, nasopharyngitis, upper resp. infection, tooth extraction, eyelid ptosis, dry eye, dysphagia, and injection site pain (all varying by condition being treated).

IV. Initial Approval Criteria¹

Coverage is provided in the following conditions:

Medicare members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements.

- Member is at least 18 years of age (unless otherwise noted); **AND**

Universal Criteria

- Member is not on concurrent treatment with another botulinum toxin (i.e., abobotulinumtoxinA, onabotulinumtoxinA, rimabotulinumtoxinB, daxibotulinumtoxina-lanm, etc.); **AND**

Cervical Dystonia †

- Member has a history of recurrent involuntary contraction of one or more muscles in the neck; **AND**
 - Member has sustained head tilt; **OR**
 - Member has abnormal posturing with limited range of motion in the neck

Blepharospasms †

Spastic Conditions

- Member has one of the following:
 - Upper Limb spasticity in adults (i.e., used post-stroke for spasms) †
 - Pediatric upper limb spasticity in members aged 2 years to 17 years of age, excluding spasticity caused by cerebral palsy †

Prophylaxis for Chronic Migraines ^{3,8,10} ‡

- Member is utilizing prophylactic intervention modalities (i.e., pharmacotherapy, behavioral therapy, or physical therapy, etc.); **AND**
- Member has 15 or more headache (tension-type-like and/or migraine-like) days per month for at least 3 months; **AND**

Effective Date: 01/01/2022
Reviewed: 10/2021, 1/2022, 3/2023, 12/2023, 01/2024, 06/2025, 05/2026
Pharmacy Scope: Medicaid (Pharmacy Benefit ONLY)
Medical Scope: Commercial, Medicare

- Member has had at least five attacks with features consistent with migraine (with and/or without aura) §; **AND**
- On at least 8 days per month for at least 3 months:
 - Headaches have characteristics and symptoms consistent with migraine§; **OR**
 - Member suspected migraines are relieved by a triptan or ergot derivative medication; **AND**
- Member has failed at least an 8-week trial of any two oral medications for the prevention of migraines (see list of migraine-prophylactic medications below for examples)

Incontinence due to neurogenic detrusor overactivity ^{7,9,19} ‡

- Member has detrusor overactivity associated with a neurologic condition (i.e., spinal cord injury, multiple sclerosis, etc.) that is confirmed by urodynamic testing; **AND**
- Member has failed a 1 month or longer trial of two medications from either the antimuscarinic (i.e., darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine or trospium) or beta-adrenergic (i.e., mirabegron) classes.

Overactive Bladder (OAB) ^{7,9,19} ‡

- Member has symptoms of urge urinary incontinence, urgency, and frequency; **AND**
- Member has failed a 1 month or longer trial of **two** medications from either the antimuscarinic (i.e., darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine or trospium) or beta-adrenergic (i.e., mirabegron) classes.

Severe Primary Axillary Hyperhidrosis ^{4,5,6} ‡

- Member has tried and failed ≥ 1 month trial of a topical agent* (e.g., aluminum chloride, glycopyrronium, etc.); **AND**
 - Member has a history of medical complications such as skin infections or significant functional impairments; **OR**
 - Member has had a significant burden of disease or impact to activities of daily living due to condition (e.g., impairment in work performance/productivity, frequent change of clothing, difficulty in relationships and/or social gatherings, etc.)

Chronic Sialorrhea ^{1,13} †

- Member has a history of troublesome sialorrhea for at least a 3-month period; **AND**
 - Member has Parkinson's disease, atypical Parkinsonism, stroke, or traumatic brain injury †; **OR**
 - Member has a severe developmental delay ‡; **OR**
 - Member has cerebral palsy, other genetic or congenital disorders, or traumatic brain injury †; **AND**
 - Member is at least 2 years of age

Effective Date: 01/01/2022
Reviewed: 10/2021, 1/2022, 3/2023, 12/2023, 01/2024, 06/2025, 05/2026
Pharmacy Scope: Medicaid (Pharmacy Benefit ONLY)
Medical Scope: Commercial, Medicare

Ventral Hernia ^{20,21} ‡

- Member has a large ventral hernia with loss of domain or contaminated ventral hernia; **AND**
- Used preoperatively in members scheduled to receive abdominal wall reconstruction (AWR)

***This requirement does not apply to Medicare members**

† FDA Approved Indication(s); ‡ Literature Supported Indication

Migraine-Prophylaxis Oral Medications (<i>list not all-inclusive</i>)
• Antidepressants (e.g., amitriptyline, fluoxetine, nortriptyline, etc.) • Beta blockers (e.g., propranolol, metoprolol, nadolol, timolol, atenolol, pindolol, etc.) • Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (e.g., lisinopril, candesartan, etc.) • Anti-epileptics (e.g., divalproex, valproate, topiramate, etc.) • Calcium channels blockers (e.g., verapamil, etc.)
Migraine Features §
<u>Migraine without aura</u> • At least five attacks have the following: ○ Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated) ○ Headache has at least two of the following characteristics: – Unilateral location – Pulsating quality – Moderate or severe pain intensity – Aggravation by or causing avoidance of routine physical activity (e.g., walking or climbing stairs); AND ○ During headache at least one of the following: – Nausea and/or vomiting – Photophobia and phonophobia
<u>Migraine with aura</u> • At least two attacks have the following: ○ One or more of the following fully reversible aura symptoms: – Visual – Sensory – Speech and/or language – Motor – Brainstem – Retinal; AND ○ At least two of the following characteristics: – At least one aura symptom spreads gradually over ≥5 minutes – Two or more symptoms occur in succession – Each individual aura symptom lasts 5 to 60 minutes – At least one aura symptom is unilateral – At least one aura symptom is positive (e.g., scintillations and pins and needles) – The aura is accompanied, or followed within 60 minutes, by headache

V. Renewal Criteria¹

Coverage can be renewed based upon the following criteria:

- Member continues to meet universal and indication-specific criteria as identified in section IV; **AND**

Effective Date: 01/01/2022
Reviewed: 10/2021, 1/2022, 3/2023, 12/2023, 01/2024, 06/2025, 05/2026
Pharmacy Scope: Medicaid (Pharmacy Benefit ONLY)
Medical Scope: Commercial, Medicare

- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include symptoms of a toxin spread effect (e.g., asthenia, diplopia, ptosis, dysphagia, dysphonia, dysarthria, breathing difficulties, etc.), corneal ulceration, etc.; **AND**
- Disease response as evidenced by the following:

Blepharospasms

- Improvement of severity and/or frequency of eyelid spasms

Cervical dystonia

- Improvement in the severity and frequency of pain; **AND**
- Improvement of abnormal head positioning

Upper Limb Spasticity

- Decrease in tone and/or resistance, of affected areas, based on a validated measuring tool [e.g., Ashworth Scale, Physician Global Assessment, Clinical Global Impression (CGI), etc.]

Severe primary axillary hyperhidrosis

- Significant reduction in spontaneous axillary sweat production; **AND**
- Member has a significant improvement in activities of daily living

Prophylaxis for chronic migraines¹⁰

- Significant decrease in the number, frequency, and/or intensity of headaches; **AND**
- Improvement in function; **AND**
- Member continues to utilize prophylactic intervention modalities (i.e., pharmacotherapy, behavioral therapy, physical therapy, etc.)

Incontinence due to detrusor overactivity

- Significant improvements in weekly frequency of incontinence episodes; **AND**
- Member's post-void residual (PVR) periodically assessed as medically appropriate

Overactive bladder (OAB)

- Significant improvement in daily frequency of urinary incontinence or micturition episodes and/or volume voided per micturition; **AND**
- Member's post-void residual (PVR) periodically assessed as medically appropriate

Effective Date: 01/01/2022
Reviewed: 10/2021, 1/2022, 3/2023, 12/2023, 01/2024, 06/2025, 05/2026
Pharmacy Scope: Medicaid (Pharmacy Benefit ONLY)
Medical Scope: Commercial, Medicare

Sialorrhea associated with neurological disorders (Parkinson's disease, atypical Parkinsonism, stroke, traumatic brain injury, or severe developmental delay)

- Significant decrease in saliva production

Ventral Hernias

- May not be renewed.

VI. Dosage/Administration

Indication	Dose
Cervical Dystonia	The recommended initial total dose for cervical dystonia is 120 units. Initial dose is divided among the affected muscles every 12 weeks or longer, as necessary
Blepharospasm	1.25-5.6 units per injection site, not to exceed 50 units per eye (maximum of 35 units per eye for initial dose), every 12 weeks or longer, as necessary
Upper limb spasticity	Up to 400 units total no sooner than every 12 weeks
Chronic Migraine	Up to 200 units divided among the affected muscles every 12 weeks
Severe primary axillary hyperhidrosis	50 Units intradermally per axilla every 16 weeks
Neurogenic bladder/ Detrusor overactivity	Up to 200 units per treatment divided among the affected muscles every 12 weeks.
Overactive Bladder (OAB)	Up to 100 units per treatment divided among the affected muscles every 12 weeks
Sialorrhea	30 units per parotid gland and 20 units per submandibular gland (50 units per each side of the face for a total recommended dose of 100 units per treatment session), repeated no sooner than every 16 weeks
Ventral Hernia	500 units divided among abdominal muscles, injected 2-4 weeks prior to AWR surgery. <i>May not be renewed.</i>
<i>Note: The recommended maximum cumulative dose for any indication should not exceed 400 Units in a treatment session (unless used for Ventral Hernia).</i>	

VII. Billing Code/Availability Information

HCPCS Code:

- J0588 – Injection, incobotulinumtoxinA, 1 unit; 1 billable unit = 1 unit

NDC(s):

- Xeomin 50 unit Injection: 00259-1605-xx
- Xeomin 100 unit Injection: 00259-1610-xx
- Xeomin 200 unit Injection: 00259-1620-xx

Effective Date: 01/01/2022
Reviewed: 10/2021, 1/2022, 3/2023, 12/2023, 01/2024, 06/2025, 05/2026
Pharmacy Scope: Medicaid (Pharmacy Benefit ONLY)
Medical Scope: Commercial, Medicare

VIII. References

1. Xeomin [package insert]. Dessau-Rosslau, Germany; Merz Group Services GmbH; December 2024. Accessed June 2025.
2. Simpson DM, Hallett M, Ashman EJ, et al. Practice guideline update summary: Botulinum neurotoxin for the treatment of blepharospasm, cervical dystonia, adult spasticity, and headache. Report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology* 2016; 86:1-9
3. Grogan P, Robinson A, Chao W, Ford A. Incobotulinumtoxin A for the Preventive Treatment of Chronic Migraine Headaches. *Neurology* April 8, 2014 vol. 82 no. 10 Supplement P7.188
4. Lakraj AA¹, Moghimi N, Jabbari B. Hyperhidrosis: anatomy, pathophysiology and treatment with emphasis on the role of botulinum toxins. *Toxins (Basel)*. 2013 Apr 23; 5(4):821-40. doi: 10.3390/toxins5040821.
5. Pastorelli F, Michelucci R, Plasmati R. A Randomized Controlled Trial Comparing Botulinum Toxin Type A Xeomin ® and Dysport ® for Treatment Of Primary Axillary Hyperhidrosis (P3.021). *Neurology* April 8, 2014 vol. 82 no. 10 Supplement P3.021
6. Dressler D. Routine use of Xeomin in patients previously treated with Botox: long term results. *Eur J Neurol*. 2009 Dec; 16 Suppl 2:2-5. doi: 10.1111/j.1468-1331.2009.02877.x.
7. Hampel C, D'Andrea D, Gillitzer R, et al. Comparison of two different Botulinumtoxin A products (Xeomin, Botox) used for detrusor injection in patients with bladder overactivity (BO) – a prospective randomized double-blind study. Paper presented at: the 27th Annual European Association of Urology (EAU) Congress - February 24 - 28, 2012 - Le Palais des Congrès de Paris, Paris, France
8. The International Classification of Headache Disorders, 3rd edition (beta version). Headache Classification Committee of the International Headache Society (IHS) *Cephalalgia*. 2013 Jul;33(9):629-808.
9. Gormley EA, et al. Diagnosis and treatment of overactive bladder (non-neurogenic) in adults: American Urological Association (AUA)/Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) guideline. April 2019.
10. Schwedt TJ. Chronic Migraine. *BMJ*. 2014;348:g1416.
11. Modi S, Lowder DM. Medications for migraine prophylaxis. *Am Fam Physician*. 2006 Jan 1; 73(1):72-8.
12. Pringheim T, Davenport W, Mackie G, et al. Canadian Headache Society guideline for migraine prophylaxis. *Can J Neurol Sci*. 2012 Mar; 39(2 Suppl 2):S1-S9.
13. Blitzer A, Friedman A, Michel O, et al. SIAXI: IncobotulinumtoxinA for Sialorrhea in Parkinson's Disease, Stroke, and Other Etiologies-Phase III results. *Archives of Physical Medicine and Rehabilitation*, 2017 Dec. Volume 98, Issue 12, e161.
14. Jost W, Friedman A, Michel O, et al. SIAXI: Efficacy and safety of Xeomin (incobotulinumtoxinA) for the treatment of sialorrhea in Parkinson's disease (PD) and other neurological conditions: Results of a Phase III, placebo-controlled, randomized, double-blind study (S2.007). *Neurology* Apr 2018, 90 (15 Supplement) S2.007;
15. Glaser DA, Hebert AA, Nast A, et al. Topical glycopyrronium tosylate for the treatment of primary axillary hyperhidrosis: Results from the ATMOS-1 and ATMOS-2 phase 3 randomized controlled trials. *J Am Acad Dermatol*. 2019;80(1):128. Epub 2018 Jul 10

Effective Date: 01/01/2022
Reviewed: 10/2021, 1/2022, 3/2023, 12/2023, 01/2024, 06/2025, 05/2026
Pharmacy Scope: Medicaid (Pharmacy Benefit ONLY)
Medical Scope: Commercial, Medicare

16. American Headache Society. The American Headache Society Position Statement On Integrating New Migraine Treatments Into Clinical Practice. *Headache*. 2019 Jan;59(1):1-18. doi: 10.1111/head.13456. Epub 2018 Dec 10.
17. Haider A, Solish N. Focal hyperhidrosis: diagnosis and management. *CMAJ*. 2005;172(1):69-75.
18. Nawrocki S, Cha J. The Etiology, Diagnosis and Management of Hyperhidrosis: A Comprehensive Review. Part II. Therapeutic Options. *J Am Acad Dermatol*. 2019 Jan 30. pii: S0190-9622(19)30167-7.
19. Kuo HC, Chen SL, Chou CL, et al. Taiwanese Continence Society clinical guidelines for diagnosis and management of neurogenic lower urinary tract dysfunction. *Urological Science*, Volume 25, Issue 2, 2014, pp. 35-41
20. Motz BM, Schlosser KA, Heniford BT. Chemical Components Separation: Concepts, Evidence, and Outcomes. *Plast Reconstr Surg*. 2018 Sep;142(3 Suppl):58S-63S. doi: 10.1097/PRS.00000000000004856.
21. Elstner KE, Read JW, Saunders J, et al. Selective muscle botulinum toxin A component paralysis in complex ventral hernia repair. *Hernia*. 2019 Apr 4. doi: 10.1007/s10029-019-01939-3.
22. National Government Services, Inc. Local Coverage Article: Billing and Coding: Botulinum Toxins (A52848). Centers for Medicare & Medicaid Services, Inc. Updated on 10/25/2019 with effective date 10/31/2019. Accessed April 2020.
23. Noridian Administrative Services, LLC Local Coverage Article: Billing and Coding: Botulinum Toxin Types A and B (A57186). Centers for Medicare & Medicaid Services, Inc. Updated on 09/19/2019 with effective date 10/1/2019. Accessed October 2019.
24. Wisconsin Physicians Service Insurance Corporation. Local Coverage Article: Billing and Coding: Botulinum Toxin Type A & Type B (A57474). Centers for Medicare & Medicaid Services, Inc. Updated on 12/17/2019 with effective date 12/26/2019. Accessed April 2020
25. CGS, Administrators, LLC. Local Coverage Article: Billing and Coding: Billing and Coding for Botulinum Toxins (A56472). Centers for Medicare & Medicaid Services, Inc. Updated on 11/19/2019 with effective date 11/28/2019. Accessed April 2020.
26. Noridian Healthcare Solutions, LLC. Local Coverage Article: Billing and Coding: Botulinum Toxin Types A and B Policy (A57185). Centers for Medicare & Medicaid Services, Inc. Updated on 09/19/2019 with effective date 10/01/2019. Accessed April 2020.
27. Palmetto GBA. Local Coverage Article: Billing and Coding: Chemodenervation (A56646). Centers for Medicare & Medicaid Services, Inc. Updated on 10/02/2019 with effective date 10/10/2019. Accessed April 2020.
28. Palmetto GBA. Local Coverage Article: Billing and Coding: Upper Gastrointestinal Endoscopy and Visualization (A56389). Centers for Medicare & Medicaid Services, Inc. Updated on 10/10/2019 with effective date 10/17/2019. Accessed April 2020.
29. First Coast Service Options, Inc. Local Coverage Article: Billing and Coding: Botulinum Toxins (A57715). Centers for Medicare & Medicaid Services, Inc. Updated on 11/21/2019 with effective date 10/03/2019. Accessed April 2020.

Effective Date: 01/01/2022
Reviewed: 10/2021, 1/2022, 3/2023, 12/2023, 01/2024, 06/2025, 05/2026
Pharmacy Scope: Medicaid (Pharmacy Benefit ONLY)
Medical Scope: Commercial, Medicare

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
G24.3	Spasmodic torticollis
G24.5	Blepharospasm
G25.89	Other specified extrapyramidal and movement disorders
G35	Multiple sclerosis
G37.0	Diffuse sclerosis of central nervous system
G43.709	Chronic migraine without aura, not intractable, without status migrainosus
G43.719	Chronic migraine without aura, intractable, without status migrainosus
G43.701	Chronic migraine without aura, not intractable, with status migrainosus
G43.711	Chronic migraine without aura, intractable, with status migrainosus
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G82.53	Quadriplegia, C5-C7, complete
G82.54	Quadriplegia, C5-C7, incomplete
G83.0	Diplegia of upper limbs, Diplegia (Upper), Paralysis of both upper limbs
G83.20	Monoplegia of upper limb affecting unspecified side
G83.21	Monoplegia of upper limb affecting right dominant side
G83.22	Monoplegia of upper limb affecting left dominant side
G83.23	Monoplegia of upper limb affecting right nondominant side
G83.24	Monoplegia of upper limb affecting left nondominant side
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side

Effective Date: 01/01/2022
Reviewed: 10/2021, 1/2022, 3/2023, 12/2023, 01/2024, 06/2025, 05/2026
Pharmacy Scope: Medicaid (Pharmacy Benefit ONLY)
Medical Scope: Commercial, Medicare

I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified site
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified site
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified site
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side

Effective Date: 01/01/2022
Reviewed: 10/2021, 1/2022, 3/2023, 12/2023, 01/2024, 06/2025, 05/2026
Pharmacy Scope: Medicaid (Pharmacy Benefit ONLY)
Medical Scope: Commercial, Medicare

I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified site
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
K11.7	Disturbances of salivary secretion
K43.6	Other and unspecified ventral hernia with obstruction, without gangrene
K43.7	Other and unspecified ventral hernia with gangrene
K43.9	Ventral hernia without obstruction or gangrene
M43.6	Torticollis
N31.0	Uninhibited neuropathic bladder, not elsewhere classified
N31.1	Reflex neuropathic bladder, not elsewhere classified
N31.8	Other neuromuscular dysfunction of bladder
N31.9	Neuromuscular dysfunction of bladder, unspecified
N32.81	Overactive bladder
L74.510	Primary focal hyperhidrosis, axilla

Dual coding requirements:

- Primary G and M codes require a secondary G or I code in order to be payable

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required

Effective Date: 01/01/2022
Reviewed: 10/2021, 1/2022, 3/2023, 12/2023, 01/2024, 06/2025, 05/2026
Pharmacy Scope: Medicaid (Pharmacy Benefit ONLY)
Medical Scope: Commercial, Medicare

where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA):

Jurisdiction(s): J & M	NCD/LCD/LCA Document (s): A56646
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A56646&bc=gAAAAAAAAAAAAAAAAA==	
Jurisdiction(s): 5, 8	NCD/LCD/LCA Document (s): A57474
https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A57474&bc=gAAAAAAAAAAAAAAAAA	
Jurisdiction(s): 6; K	NCD/LCD/LCA Document (s): A52848
https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A52848&bc=gAAAAAAAAAAAAAAAAA	
Jurisdiction(s): 15	NCD/LCD/LCA Document (s): A56472
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A56472&bc=gAAAAAAAAAAAAAAAAA==	
Jurisdiction(s): F	NCD/LCD/LCA Document (s): A57186
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A57186&bc=gAAAAAAAAAAAAAAAAA==	
Jurisdiction(s): E	NCD/LCD/LCA Document (s): A57185
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A57185&bc=gAAAAAAAAAAAAAAAAA==	
Jurisdiction(s): J & M	NCD/LCD/LCA Document (s): A56646
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A56646&bc=gAAAAAAAAAAAAAAAAA==	
Jurisdiction(s): J & M	NCD/LCD/LCA Document (s): A56389
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=A56389&bc=gAAAAAAAAAAAAAAAAA==	

Effective Date: 01/01/2022
Reviewed: 10/2021, 1/2022, 3/2023, 12/2023, 01/2024, 06/2025, 05/2026
Pharmacy Scope: Medicaid (Pharmacy Benefit ONLY)
Medical Scope: Commercial, Medicare

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

Policy Rationale:

Xeomin was reviewed by the Neighborhood Health Plan of Rhode Island Pharmacy & Therapeutics (P&T) Committee. Neighborhood adopted the following clinical coverage criteria to ensure that its members use Xeomin according to Food and Drug Administration (FDA) approved labeling and/or relevant clinical literature. Neighborhood worked with network prescribers and pharmacists to draft these criteria. These criteria will help ensure its members are using this drug for a medically accepted indication, while minimizing the risk for adverse effects and ensuring more cost-effective options are used first, if applicable and appropriate. For Medicare members, these coverage criteria will only apply in the absence of National Coverage Determination (NCD) or Local Coverage Determination (LCD) criteria. Neighborhood will give individual consideration to each request it reviews based on the information submitted by the prescriber and other information available to the plan.