OVERVIEW
Xeomin® (incobotulinumtoxinA) is indicated in adult patients for the following:
- blepharospasm;
- cervical dystonia;
- chronic sialorrhea; AND
- upper limb spasticity.1
Xeomin is also indicated for the temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugators and/or procerus muscle activity in adult patients.

The labels for the botulinum toxin type A products (Botox® [onabotulinumtoxinA], Dysport® [abobotulinumtoxinA], and Xeomin) state that there is a lack of interchangeability between the products for various reasons, including differences in the units of biological activity.1,3 However, studies have demonstrated that identical units of Xeomin and Botox were equally effective.4-7 Based on published literature, it has been established that Xeomin and Botox have identical therapeutic effects and adverse event (AE) profiles with a 1:1 conversion ratio.7

POLICY STATEMENT
Prior authorization is recommended for medical benefit coverage of Xeomin. Approval is recommended for those who meet the Criteria and Dosing for the listed indication(s). Requests for doses outside the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for 1 year in duration. In cases where the dosing interval is provided in months, 1 month is equal to 30 days.

Medical benefit coverage is not recommended for cosmetic conditions.

RECOMMENDED AUTHORIZATION CRITERIA

FDA-Approved Indications

1. **Blepharospasm.** Approve for 1 year.

   **Dosing.** Approve up to a maximum dose of 100 units (50 units per eye), administered not more frequently than once every 12 weeks.

2. **Cervical Dystonia.** Approve for 1 year.

   **Dosing.** Approve up to a maximum dose of 120 units, administered not more frequently than once every 12 weeks.

3. **Sialorrhea, Chronic.** Approve for 1 year.
Dosing. Approve up to a maximum dose of 100 units (50 units per side), administered not more frequently than once every 16 weeks.


Dosing. Approve up to a maximum dose of 400 units, administered not more frequently than once every 12 weeks.

Other Uses with Supportive Evidence

5. Hyperhidrosis, Primary Axillary, Palmar/Plantar, and Facial. Approve for 1 year if the patient has tried at least one topical agent (e.g., aluminum chloride, Qbrexza™ [glycopyrronium cloth 2.4% for topical use]).

Dosing. Approve one of the following regimens (A or B):

A) For primary axillary hyperhidrosis: Approve a maximum dose of 50 units per axilla, administered not more frequently than once every 3 months.

B) For palmar/plantar or facial hyperhidrosis: Approve a maximum dose of 400 units, administered not more frequently than once every 3 months.

Overall, topical antiperspirants (e.g., aluminum chloride) are the recommended first-line therapy for the treatment of primary axillary hyperhidrosis and focal hyperhidrosis. In the setting of primary axillary hyperhidrosis, Qbrexza, a topical anticholinergic, may also be used first-line. Other conventional treatments include oral anticholinergics; topical treatment is more effective in mild cases compared with more severe cases. The efficacy of Xeomin in the treatment of palmar/plantar hyperhidrosis and cranial hyperhidrosis was demonstrated in patients (n = 20) previously treated with onabotulinumtoxinA for at least 1 year under stable conditions and crossed over in a blinded fashion to Xeomin for 3 years. In a double-blind clinical trial, patients (n = 25) with moderate or severe palmar hyperhidrosis received in the same session intradermal injections of Botox on one hand and Xeomin on the other. The two products appeared to be comparable in terms of anhidrotic effect, duration of benefits, muscle strength reduction, pain related to injections, and treatment satisfaction expressed by patients. The efficacy of Xeomin for axillary hyperhidrosis was demonstrated in a prospective, double-blind, head-to-head intra-individual comparison trial vs. onabotulinumtoxinA (Botox). A total of 46 patients received 50 units of botulinum toxin type A treatment (Xeomin in one axilla, and onabotulinumtoxinA in the other axilla). Efficacy and tolerability were similar between Botox and Xeomin. In addition, the efficacy of Xeomin in the treatment of axillary hyperhidrosis was demonstrated in patients (n = 41) previously treated with onabotulinumtoxinA for at least 1 year under stable conditions and crossed over in a blinded fashion to Xeomin for 3 years. AAN guidelines state that botulinum toxins are probably safe and effective and should be considered for palmar hyperhidrosis (plantar and facial hyperhidrosis are not addressed in the AAN guideline).

Of note, 50 units of Xeomin per axilla were used for axillary hyperhidrosis (equivalent dosing to Botox). Botox is indicated for axillary hyperhidrosis at a dose of 50 units per axilla. For other forms of hyperhidrosis, definitive dosing has not been established. Per the Xeomin prescribing information, the recommended maximum cumulative dose for any indication should not exceed 400 units in a treatment session. Xeomin has demonstrated equivalent potency with Botox. Botox prescribing information states that in general, treatments should not exceed once every 3 months.
6. **Spasticity, Other Than Upper Limb** (i.e., spasticity or hypertonia due to cerebral palsy, stroke, brain injury, spinal cord injury, multiple sclerosis, hemifacial spasm). Approve for 1 year. 
(Note: For upper limb spasticity, see FDA-Approved Indication criterion #4 [above].)

**Dosing.** Approve up to a maximum dose of 400 units, administered not more frequently than once every 3 months.

Oral medications have a long history in spasticity treatment (e.g., baclofen, benzodiazepines, phenytoin, or gabapentin) yet they have dose-limiting side effects and limited diffusion across the blood brain barrier. In a prospective, randomized study in patients (n = 192) with upper limb spasticity due to stroke, brain injury, multiple sclerosis, or cerebral palsy, the majority of Xeomin-treated patients had improvement in functional disability and in muscle tone. In a Phase III randomized study in patients (n = 148) with post-stroke upper limb spasticity, Xeomin was significantly more effective than placebo at Week 4 and at Week 12. In addition, the efficacy of Xeomin in the treatment of hemispasticity, arm spasticity, generalized spasticity, leg spasticity, and hemifacial spasm was demonstrated in patients (n = 95) previously treated with onabotulinumtoxinA for at least 1 year under stable conditions and crossed over in a blinded fashion to Xeomin for 3 years. Per the AAN, botulinum toxin is established effective in upper and lower limb spasticity and in cerebral palsy (Level A), and it may be considered in hemifacial spasm (Level C).

Definitive dosing has not been established. Per the Xeomin prescribing information, the recommended maximum cumulative dose for any indication should not exceed 400 units in a treatment session. Xeomin has demonstrated equivalent potency with Botox. Botox prescribing information states that in general, treatments should not exceed once every 3 months.

**CONDITIONS NOT RECOMMENDED FOR APPROVAL**
Xeomin has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

1. **Cosmetic Uses** (e.g., facial rhytides, frown lines, glabellar wrinkling, horizontal neck rhytides, mid and lower face and neck rejuvenation, platysmal bands, rejuvenation of the periorbital region). Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical medical benefit.

2. **Fibromyalgia.** Limited data are available with Botox. No data are available with Xeomin at this time.

3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

**REFERENCES**


**OTHER REFERENCES UTILIZED**

## HISTORY

<table>
<thead>
<tr>
<th>Type of Revision</th>
<th>Summary of Changes</th>
<th>Approval Date</th>
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<tbody>
<tr>
<td>New policy</td>
<td>--</td>
<td>8/08/2018</td>
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<tr>
<td>Selected revision</td>
<td>Dosing updated throughout policy to simplify maximum approved dosing regimens.</td>
<td>12/05/2018</td>
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<tr>
<td>Early annual</td>
<td><strong>Spasticity, Other Than Upper Limb (i.e., spasticity or hypertonia due to cerebral palsy, stroke, brain injury, spinal cord injury, multiple sclerosis, hemifacial spasm):</strong> “Other than upper limb” added to clarify this covers uses other than the FDA-approved indications, and “e.g.” was changed to “i.e.”</td>
<td>05/08/2019</td>
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<tr>
<td>Selected revision</td>
<td><strong>Blepharospasm:</strong> Removed requirement for previous trial of Botox, and increased maximum allowable dosing to 100 units (50 units per eye), in alignment with revised labeling.</td>
<td>05/22/2019</td>
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