

**XEOMIN
(incobotulinum toxin A)****Pre - PA Allowance**None

Prior-Approval Requirements**Age** No age restriction**Diagnosis**

Patient must have the following:

1. Upper limb spasticity

AND the following:

1. **NO** dual therapy with other botulinum toxins
 2. Pediatric patients **only**: spasticity is not caused by cerebral palsy
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Age 2 years of age or older**Diagnosis**

Patient must have the following:

1. Chronic sialorrhea (excessive salivation)

AND the following:

1. **NO** dual therapy with other botulinum toxins
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Age 18 years of age or older**Diagnoses**Patient must have **ONE** of the following:

1. Cervical dystonia (spasmodic torticollis)
2. Blepharospasm

AND the following:

1. **NO** dual therapy with other botulinum toxins

Prior - Approval Limits**Duration** 12 months



Federal Employee Program.

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Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above