

Policy Name:	Dysport (abobotulinumtoxin A)	Policy #:	2374P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Dysport (abobotulinumtoxinA).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Dysport under the general medical benefit when the following criteria have been met.

Criteria

1. Criteria for Coverage for Cervical Dystonia

- 1.1 Alternative diagnoses ruled out including chronic neuroleptic treatment, contractures, and other neuromuscular disorders
- 1.2 Involuntary contractions of the neck muscles
- 1.3 Chronic head torsion or tilt
- 1.4 Symptoms present for at least 6 months
- 1.5 Approval Time
 - Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks within 12 months
 - Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks

2. Criteria for Coverage for Upper Limb Spasticity in Adults

- 2.1 Documented focal wrist, elbow, or finger spasticity which originated at least 6 weeks post-cerebrovascular event (CVE) or progression of multiple sclerosis
- 2.2 Difficulty maintaining hygiene, dressing or pain
- 2.3 Documented failure, intolerance, or contraindication to oral antispasmodics and muscle relaxants
 - Baclofen
 - Tizanidine
 - Cyclobenzaprine
 - Methocarbamol
 - Carisoprodol
- 2.4 Sufficient motivation and cognitive function to actively participate in physical therapy post injection;
- 2.5 No documented fixed contractures or profound muscle atrophy Member will not receive treatment with phenol, alcohol, or surgery
- 2.6 Approval Time
 - Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks within 12 months
 - Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks

3. Criteria for Coverage for Lower Limb Spasticity in Adults

- 3.1 Documented severe spastic equinovarus foot as a result of stroke
- 3.2 Failure to respond to oral antispasmodics, physical therapy, orthotics or other non-operative modalities
- 3.3 Sufficient motivation and cognitive function to actively participate in physical therapy post injection
- 3.4 No documented fixed contractures or profound muscle atrophy
- 3.5 Member will not receive treatment with phenol, alcohol, or surgery
- 3.6 Approval Time
 - Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks within 12 months
 - Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks

4. Criteria for Coverage for Pediatric Lower Limb Spasticity

- 4.1 Documented severe lower limb spasticity due to Cerebral Palsy

4.2 Age 2 years to 17 years of age

4.3 Approval Time

- Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks within 12 months
- Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks

CPT Codes

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HCPCS Codes

J0586	Injection, abobotulinumtoxinA, 5 units [Dysport]
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References

1. Dysport (abobotulinumtoxinA) [prescribing information]. Cambridge, MA: Ipsen Biopharmaceuticals Inc; September 2023.
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(19):1818-1826.
3. Gracies JM, Esquenazi A, Brashear A, et al; International AbobotulinumtoxinA Adult Lower Limb Spasticity Study Group. Efficacy and safety of abobotulinumtoxinA in spastic lower limb: Randomized trial and extension. *Neurology*. 2017 Nov 28;89(22):2245-2253.
4. Marciniak C, McAllister P, Walker H, et al; International AbobotulinumtoxinA Adult Upper Limb Spasticity Study Group. Efficacy and Safety of AbobotulinumtoxinA (Dysport) for the Treatment of Hemiparesis in Adults With Upper Limb Spasticity Previously Treated With Botulinum Toxin. *PM R*. 2017 Dec;9(12):1181-1190.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.