Reference number
2248-A

SPECIALTY GUIDELINE MANAGEMENT

DYSPORT (abobotulinumtoxin A)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
1. Treatment of cervical dystonia in adults
2. Treatment of spasticity in patients 2 years of age and older

B. Compendial Uses
1. Blepharospasm
2. Hemifacial spasm
3. Chronic anal fissures
4. Excessive salivation
5. Primary axillary hyperhidrosis

All other indications are considered experimental/investigational and not medically necessary.

II. EXCLUSIONS

Coverage will not be provided for cosmetic use.

III. CRITERIA FOR INITIAL APPROVAL

A. Cervical dystonia
Authorization of 12 months may be granted for treatment of adults with cervical dystonia (e.g., torticollis) when there is abnormal placement of the head with limited range of motion in the neck.

B. Upper or lower limb spasticity
Authorization of 12 months may be granted for treatment of upper or lower limb spasticity either as a primary diagnosis or as a symptom of a condition causing limb spasticity.

C. Blepharospasm
Authorization of 12 months may be granted for treatment of blepharospasm, including blepharospasm associated with dystonia and benign essential blepharospasm.

D. Hemifacial spasm
Authorization of 12 months may be granted for treatment of hemifacial spasm.

E. Chronic anal fissures
Authorization of 12 months may be granted for treatment of chronic anal fissures when the member has not responded to first-line therapy such as topical calcium channel blockers or topical nitrates.

F. Excessive salivation
Authorization of 12 months may be granted for treatment of excessive salivation (chronic sialorrhea) when the member has been refractory to pharmacotherapy (e.g., anticholinergics).

G. Primary axillary hyperhidrosis
Authorization of 12 months may be granted for treatment of primary axillary hyperhidrosis when all of the following criteria are met:
1. Member is unresponsive or unable to tolerate oral pharmacotherapy prescribed for excessive sweating (e.g., anticholinergics, beta-blockers, or benzodiazepines); and
2. Significant disruption of professional and/or social life has occurred because of excessive sweating; and
3. Topical aluminum chloride or other extra-strength antiperspirants are ineffective or result in a severe rash.

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

V. REFERENCES

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5. 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;86:1818-1826.
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9. Garuti G, Rao F, Ribuffo V et al. Sialorrhea in patients with ALS: current treatment options. *Degener Neurol Neuromuscul Dis*. 2019; 9: 19–26.