

PHARMACY POLICY STATEMENT

Georgia Medicaid

DRUG NAME	Dysport (abobotulinumtoxinA)
BILLING CODE	J0586
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office, Outpatient
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT— varies per diagnosis
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Dysport (abobotulinumtoxinA) is a **non-preferred** product and will only be considered for coverage under the **medical** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

CERVICAL DYSTONIA (SPASMODIC TORTICOLLIS)

For **initial** authorization:

1. Member is 18 years old or older; AND
2. Medication must be prescribed by or in consultation with a neurologist; AND
3. Member has a documented diagnosis of moderate to severe cervical dystonia as evidenced by involuntary contractions of neck muscles, leading to abnormal movements or postures; AND
4. Symptoms affect quality of life and daily functions.
5. **Dosage allowed:** Up to 1000 units every 12 weeks, divided among affected muscles.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. Member must be in compliance with all other initial criteria; AND
2. Chart notes show improved signs and symptoms (e.g. severity of abnormal head position, neck pain).

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

SPASTICITY

For **initial** authorization:

1. Member is 2 years of age or older; AND
2. Medication is prescribed by or in consultation with a neurologist; AND
3. Member has a documented diagnosis of upper or lower limb spasticity that affects daily functioning and quality of life; AND
4. Spasticity is secondary to a neurologic condition such as cerebral palsy, stroke, or brain or spinal cord injury; AND
5. Member has tried or is unable to try one conventional treatment modality such as physical therapy or oral medication (e.g. baclofen, tizanidine).

6. **Dosage allowed:** Adult: Not to exceed 1500 total units every 12 weeks (given intramuscularly as a divided dose among affected muscles). Pediatric: Not to exceed 1000 total units or 30 units per kg (whichever is lower) every 3 months.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. Member must be in compliance with all other initial criteria; AND
2. Chart notes show improved signs and symptoms (e.g. decrease in severity of increased muscle tone).

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Dysport (abobotulinumtoxinA) not medically necessary for the treatment of the diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
08/06/2018	New policy for Dysport created. Diagnoses of Blepharospasm and Upper extremity dystonia (e.g. writer's cramp) are no longer covered. Diagnoses of Spasticity and Lower Limb spasticity combined, patient weight and age are no longer required. Criterion "no infection at proposed injection site" removed from Cervical Dystonia diagnosis. Age limitation removed from Cervical Dystonia; pain and abnormal head position requirements clarified and medications trial added.
08/17/2020	<u>Cervical dystonia</u> : Added age limit and specialist requirement. Re-worded the diagnosis requirement. Removed trial of oral medication. Removed exclusions. Corrected the dose. Extended re-auth duration. Updated references. <u>Spasticity</u> : Add age and specialist. Update to match latest drug label. Relaxed list of co-existing conditions. Added trial of conventional treatment. Extended initial auth duration. Added reference.

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