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# PHARMACY POLICY STATEMENT Kentucky 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— vary per diagnosis

 LIST OF DIAGNOSES CONSIDERED NOT
 Click Here

 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 has a pain or abnormal head position with documented turning of the head (torticollis), lateral tilt of the neck (laterocollis), flexion of the head (anterocollis), or extension of the head (retrocollis) causing adverse effect on daily functioning; AND
- 2. Member has tried and failed one oral medication such as trihexyphenidyl (Artane), clonazepam (Klonopin), or baclofen; AND
- 3. Member does not have any of the following:
  - a) Fixed contractures causing decreased neck range of motion;
  - b) Neuromuscular disease (e.g., myasthenia gravis);
  - c) Prior surgical treatment.
- 4. **Dosage allowed:** 500 Units given intramuscularly as a divided dose among affected muscles.

#### *If member meets all the requirements listed above, the medication will be approved for 6 months.* For <u>reauthorization</u>:

- 1. Member must be in compliance with all other initial criteria; AND
- 2. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease.

### *If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.*

#### SPASTICITY

For initial authorization:

- 1. Chart notes submitted with documentation of abnormal muscle tone that is interfering with functional ability (or that is expected to affect joint contracture in future growth); AND
- 2. Medication is being requested to improve function or allow additional therapeutic modality to be employed; AND
- 3. One of the following:

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- a) Member is a child with cerebral palsy;
- b) Member has hereditary spastic paraplegia;
- c) Member has limb spasticity due to multiple sclerosis or other demyelinating diseases of the central nervous system;
- d) Member is adult and has upper extremity spasticity due to stroke or brain injury.
- 4. **Dosage allowed:** 500-1500 Units given intramuscularly as a divided dose among affected muscles.

### *If member meets all the requirements listed above, the medication will be approved for 3 months.* For <u>reauthorization</u>:

- 1. Member must be in compliance with all other initial criteria; AND
- 2. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease.

### 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 following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Glabellar Lines (considered cosmetic)
- Tension headache, cervicogenic headache
- Myofascial pain syndrome
- Tremors such as benign essential tremor, chronic motor tic disorder and tics associated with Tourette Syndrome
- Parkinson's disease
- Sialorrhea due to Parkinson's disease

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.

#### References:

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