Dysport (abobotulinumtoxinA) will be considered for coverage when the following criteria are met:

### 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 or other specialist experienced with treating cervical dystonia; 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/Quantity limit:** 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 or other specialist experienced with treating spasticity (e.g., PM&R); AND

Dysport is a neurotoxin produced from Clostridium botulinum serotype A. It works through the inhibition of acetylcholine release from peripheral nerve endings, causing neuromuscular blockage and muscle paralysis. Dysport was initially approved by the FDA in 2009 for the treatment of adults with cervical dystonia. Cervical dystonia (also known as spasmodic torticollis) involves the involuntary contractions of the neck that cause abnormal movements and postures of the neck and head. Dysport is the first botulinum toxin approved for both upper and lower spasticity in pediatric patients.
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/Quantity limit:** 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.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/06/2018</td>
<td>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.</td>
</tr>
<tr>
<td>08/10/2021</td>
<td>Transferred to new template. Allowing additional specialists for cervical dystonia and spasticity indications.</td>
</tr>
<tr>
<td>03/04/2022</td>
<td>Annual review; no changes</td>
</tr>
</tbody>
</table>

References:

Effective date: 07/01/2022
Revised date: 03/04/2022