SPECIALTY GUIDELINE MANAGEMENT

DYSPORT (abobotulinumtoxinA)

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 upper limb spasticity in adults, to decrease the severity of increased muscle tone in elbow flexors, wrist flexors and finger flexors
   3. Treatment of lower limb spasticity in pediatric patients 2 years of age and older

B. Compendial Uses
   1. Treatment of benign essential blepharospasm
   2. Treatment of lower limb spasticity in adults

All other indications are considered experimental/investigational and are not a covered benefit.

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 cervical dystonia (e.g., torticollis).

B. **Upper limb spasticity**
Authorization of 12 months may be granted for treatment of upper limb spasticity.

C. **Lower limb spasticity**
Authorization of 12 months may be granted for treatment of lower limb spasticity (e.g., cerebral palsy, multiple sclerosis).

D. **Blepharospasm**
Authorization of 12 months may be granted for treatment of benign essential blepharospasm.

IV. CONTINUATION OF THERAPY

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

V. REFERENCES

1. Dysport [package insert]. Wrexham, UK: Ipsen Biopharm, Ltd.; July 2016.
2. DRUGDEX® System [Internet database]. Ann Arbor, MI: Truven Health Analytics. Updated periodically. Accessed August 31, 2016.
3. 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.