

<b>POLICY NAME</b>	Dysport (abobotulinumtoxin A)	<b>POLICY #</b>	2374P
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## Criteria

### Criteria for Coverage for Cervical Dystonia

- ☐ Alternative diagnoses ruled out including chronic neuroleptic treatment, contractures, and other neuromuscular disorders
- ☐ Involuntary contractions of the neck muscles
- ☐ Chronic head torsion or tilt
- ☐ Symptoms present for at least 6 months
- ☐ Approval Time
  - Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks within 12 months
  - Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks

### Criteria for Coverage for Upper Limb Spasticity in Adults

- ☐ Documented focal wrist, elbow, or finger spasticity which originated at least 6 weeks post-cerebrovascular event (CVE) or progression of multiple sclerosis
- ☐ Difficulty maintaining hygiene, dressing or pain
- ☐ Documented failure, intolerance, or contraindication to oral antispasmodics and muscle relaxants
  - Baclofen
  - Tizanidine
  - Cyclobenzaprine
  - Methocarbamol
  - Carisoprodol
- ☐ Sufficient motivation and cognitive function to actively participate in physical therapy post injection;
- ☐ No documented fixed contractures or profound muscle atrophyMember will not receive treatment with phenol, alcohol, or surgery

- ☐ **Approval Time**
  - Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks within 12 months
  - Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks

### Criteria for Coverage for Lower Limb Spasticity in Adults

- ☐ Documented severe spastic equinovarus foot as a result of stroke

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- ☐ Failure to respond to oral antispasmodics, physical therapy, orthotics or other non-operative modalities

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- ☐ Sufficient motivation and cognitive function to actively participate in physical therapy post injection

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- ☐ No documented fixed contractures or profound muscle atrophy

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- ☐ Member will not receive treatment with phenol, alcohol, or surgery

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- ☐ **Approval Time**
  - Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks within 12 months
  - Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks

### Criteria for Coverage for Pediatric Lower Limb Spasticity

- ☐ Documented severe lower limb spasticity due to Cerebral Palsy Criteria Statement of the Policy References

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- ☐ Age 2 years to 17 years of age

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- ☐ **Approval Time**
  - Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks within 12 months
  - Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks CPT Codes HCPCS Codes J0586 Injection, abobotulinumtoxinA, 5 units [Dysport]