

POLICY NAME	Dysport (abobotulinumtoxin A)	POLICY #	2374P
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Criteria

Criteria for Coverage for Cervical Dystonia

- ☐ **1.1** Alternative diagnoses ruled out including chronic neuroleptic treatment, contractures, and other neuromuscular disorders
- ☐ **1.2** Involuntary contractions of the neck muscles
- ☐ **1.3** Chronic head torsion or tilt
- ☐ **1.4** Symptoms present for at least 6 months
- ☐ **1.5** 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

- ☐ **2.1** Documented focal wrist, elbow, or finger spasticity which originated at least 6 weeks post-cerebrovascular event (CVE) or progression of multiple sclerosis
- ☐ **2.2** Difficulty maintaining hygiene, dressing or pain
- ☐ **2.3** Documented failure, intolerance, or contraindication to oral antispasmodics and muscle relaxants
 - Baclofen
 - Tizanidine
 - Cyclobenzaprine
 - Methocarbamol
 - Carisoprodol
- ☐ **2.4** Sufficient motivation and cognitive function to actively participate in physical therapy post injection;
- ☐ **2.5** No documented fixed contractures or profound muscle atrophyMember will not receive treatment with phenol, alcohol, or surgery
- ☐ **2.6** 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

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

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

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

- ☐ **3.4** No documented fixed contractures or profound muscle atrophy

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

- ☐ **3.6** 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

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

- ☐ **4.2** Age 2 years to 17 years of age

- ☐ **4.3** 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]