

# Jurisdiction Specific Medicare Part B

## Dysport

### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Dysport	abobotulinumtoxinA

### Covered Uses

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

- Cervical dystonia
- Spasticity
- Blepharospasm
- Hemifacial spasm
- Achalasia
- Hyperhidrosis

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

### Exclusions

The following are exclusions to therapy:

- Treatment of wrinkles using Botulinum toxins is considered to be cosmetic and is not covered.

Reference number(s)
5236-A

- Payment will not be made for any spastic condition of smooth muscle, such as spastic colon and biliary dyskinesia.

## Coverage Criteria

### Cervical dystonia

Authorization of 12 months may be granted for treatment of cervical dystonia (spasmodic torticollis) in an adult.

### Spasticity

Authorization of 12 months may be granted for treatment of spasticity in a member 2 years of age and older.

### Blepharospasm

Authorization of 12 months may be granted for treatment of blepharospasm in an adult.

### Hemifacial spasm

Authorization of 12 months may be granted for treatment of hemifacial spasm in an adult.

### Achalasia

Authorization of 12 months may be granted for treatment of achalasia when any of the following criteria are met:

- Member has not responded satisfactorily to conventional therapy.
- Member is at high risk of complication from pneumatic dilation or surgical myotomy.
- Member has had treatment failure with pneumatic dilation or surgical myotomy.
- Member had perforation from pneumatic dilation.
- Member has an epiphrenic diverticulum or hiatal hernia.
- Member has esophageal varices.

### Hyperhidrosis

Authorization of 12 months may be granted for treatment of severe primary axillary hyperhidrosis when all of the following criteria are met:

- Member has focal, visible, severe sweating of at least six (6) months duration without apparent cause with at least two (2) of the following characteristics: bilateral and relatively symmetric, significant impairment in daily activities, age of onset less than 25 years, positive family history, and cessation of focal sweating during sleep.
- Member is inadequately managed with topical therapy.

## Continuation of Therapy

Failure of two definitive, consecutive, treatment sessions involving a muscle or group of muscles could preclude further coverage of the serotype used in the treatment for a period of one year after the second session. It may be reasonable, however, to attempt treatment with a different serotype.

## Dosage and Administration

It is generally not considered medically necessary to give Botulinum toxin injections for spastic or excess muscular contraction conditions more frequently than every 90 days.

## References

1. Botulinum Toxins (L33949) Version R16. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed August 15, 2024.
2. Billing and Coding: Botulinum Toxins (A56472) Version R8. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed August 15, 2024.
3. Micromedex® (electronic version). IBM Watson Health, Greenwood Village, Colorado. Available at <http://www.micromedexsolutions.com>. Accessed August 15, 2024.
4. Clinical Pharmacology [database online]. Elsevier, Inc., Philadelphia, PA. Available at <http://clinicalkey.com>. Accessed August 15, 2024.
5. Dysport [package insert]. Basking Ridge, NJ: Ipsen Biopharmaceuticals Inc; September 2023.