

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Botulinum Toxin – Dysport Utilization Management Medical Policy

- Dysport® (abobotulinumtoxinA injection – Ipsen/Galderma)

REVIEW DATE: 10/02/2024

OVERVIEW

Dysport (abobotulinumtoxinA), an acetylcholine release inhibitor and neuromuscular-blocking agent, is indicated for the following uses:¹

- **Cervical dystonia** in adults.
- **Spasticity** in patients ≥ 2 years of age.

Other Uses with Supportive Evidence

Botulinum toxins have been studied in a variety of indications outside of FDA-approved uses.²⁻⁴ Literature is available to support use of Dysport in the following conditions:

- **Anal Fissure:** The American College of Gastroenterology (ACG) clinical guideline for the management of benign anorectal disorders (2021) suggests that botulinum toxin A injections (formulation not specified) may be attempted for patients with chronic anal fissures in whom calcium channel blockers fail or as an alternative option to calcium channel blockers (conditional recommendation; quality of evidence low).⁵ Dysport was also found to be more effective than isosorbide dinitrate ointment as the primary treatment for chronic anal fissures in a randomized, multicenter 4 year clinical trial.²¹
- **Blepharospasm:** Dysport has demonstrated efficacy in clinical trials in patients with blepharospasm.^{6,7} American Academy of Neurology (AAN) guidelines (2016, reaffirmed 2022) support the use of Dysport for blepharospasm with a Level C recommendation (“possibly effective”).⁸ An evidenced-based review and assessment (2013) for the treatment of blepharospasm indicate Dysport should be considered (Level B recommendation).²⁰ Of note, Meige syndrome is a variant that describes the co-existence of blepharospasm and oromandibular dystonia.¹⁴
- **Hemifacial Spasm:** Per historical AAN guidelines for the treatment of movement disorders, botulinum toxin (formulation not specified) may be considered in hemifacial spasm (Level C recommendation).⁹ Data with Botox® (onabotulinumtoxinA injection) and Dysport are cited in the recommendations regarding hemifacial spasm. An evidenced-based review and assessment (2013) for the treatment of hemifacial spasm indicate Botox® (onabotulinumtoxinA injection) should be considered (Level B recommendation) and Dysport may be considered (Level C recommendation).²⁰
- **Oromandibular Dystonia:** Small clinical trials have shown botulinum toxin A to be effective in treating oromandibular dystonia.^{10,11} The American Academy of Oral Medicine clinical practice statement on oromandibular dystonia recommend the use of botulinum type A injections (Botox is mentioned).¹² A five year trial with Dysport for the treatment of focal movement disorders including oromandibular dystonia showed effectiveness and no new safety concerns.¹³ An evidence-based review and assessment (2013) for the treatment of oromandibular dystonia indicate Botox and Dysport may be considered (level C recommendation).²⁰ Of note, Meige syndrome is a variant that describes the co-existence of blepharospasm and oromandibular dystonia.¹⁴
- **Sialorrhea:** Botulinum toxin A has been studied in the treatment of sialorrhea associated with Parkinson’s Disease, parkinsonian syndromes, cerebral palsy, head and neck carcinoma, neurodegenerative disease, stroke, and amyotrophic lateral sclerosis.² A review of the literature

on medical treatment of sialorrhea found that Dysport is probably effective for the treatment of this condition (Level B evidence).¹⁵

Dosing Information

Toxin distribution varies between the commercially available botulinum toxin products.^{1,16,17} The labels for the botulinum toxin products state that there is a lack of interchangeability between the products for various reasons, including differences in the units of biological activity. Studies have attempted to establish a conversion ratio between botulinum toxin products, with variable results.¹⁸ In general, conversion ratios of 1:1 for Botox to Xeomin, 1:3 for Botox to Dysport, and 1:50 to 1:100 for Botox to Myobloc have been suggested.

Definitive dosing has not been established for off-label uses of botulinum toxins, including Dysport. Specific dosing considerations by indication are noted below. For other indications addressed in this policy, specific dosing guidance is not available. In these cases, dosing is based on the Botox prescribing information, which states that in a 3-month interval, adults should not exceed a total dose of 400 units, and pediatric patients should not exceed a total dose of the lesser of 10 units/kg or 340 units in a 3-month interval.¹⁶ Recommendations for maximum dosing and frequency for Dysport are based on a suggested relative conversion of 3:1 between Dysport and Botox units.¹ Additionally, the maximum dose supported for a patient < 18 years of age in Dysport labeling is 30 units/kg (not to exceed 1,000 units).

- **Anal Fissures:** The ACG guidelines (2021) suggest botulinum toxin A injections (formulation not specified) may be used at doses of 5-100 units in patients with refractory, chronic anal fissures.⁵ This is also supported by positive outcomes in a 4 year randomized, multicenter study for the treatment of chronic anal fissures which utilized a standard dosing of 60 units of Dysport.²¹
- **Blepharospasm:** A maximum dose of 120 units of Dysport, not more frequently than once every 12 weeks, has been suggested.¹⁹
- **Sialorrhea, Chronic:** Xeomin is indicated for this use.¹⁷ Per Xeomin labeling, the maximum recommended dose for adults is 100 units (50 units per side) and for pediatric patients is 75 units (37.5 units per side), administered not more frequently than once every 16 weeks.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Dysport. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for 1 year in duration.

Medical benefit coverage is not recommended for cosmetic conditions.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Dysport is recommended in those who meet one of the following criteria:

FDA-Approved Indications

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1. **Cervical Dystonia.** Approve for 1 year if the patient is ≥ 18 years of age.

Note: Cervical dystonia is also referred to as spasmodic torticollis.

Dosing. Approve up to a maximum dose of 1,000 units, administered not more frequently than once every 12 weeks.

2. Spasticity, Limb(s). Approve for 1 year if the patient is ≥ 2 years of age.

Dosing. Approve one of the following regimens (A or B):

- A) Lower limb spasticity (or if treating BOTH upper AND lower limb spasticity): Approve one of the following regimens (i or ii):
- i. Patient is ≥ 18 years of age: Approve up to a maximum dose of 1,500 units, administered not more frequently than once every 12 weeks.
 - ii. Patient is < 18 years of age: Approve up to a maximum dose of 30 units/kg (not to exceed 1,000 units), administered not more frequently than once every 12 weeks.
- B) Upper limb spasticity: Approve one of the following regimens (i or ii):
- i. Patient is ≥ 18 years of age: Approve up to a maximum dose of 1,000 units, administered not more frequently than once every 12 weeks.
 - ii. Patient is < 18 years of age: Approve up to a maximum dose of 16 units/kg (not to exceed 640 units), administered not more frequently than once every 12 weeks.

Other Uses with Supportive Evidence

3. Anal Fissure, Chronic. Approve for 1 year if the patient is ≥ 18 years of age.

Dosing. Approve up to a maximum dose of 100 units, administered not more frequently than once every 3 months.

4. Blepharospasm. Approve for 1 year if the patient is ≥ 18 years of age.

Note: This includes blepharospasm associated with dystonia, benign essential blepharospasm, seventh (VII) nerve disorders.

Dosing. Approve up to a maximum dose of 120 units, administered not more frequently than once every 12 weeks.

5. Hemifacial Spasm. Approve for 1 year if the patient is ≥ 18 years of age.

Dosing. Approve up to a maximum dose of 1,200 units, administered not more frequently than once every 3 months.

6. Oromandibular Dystonia. Approve for 1 year if the patient is ≥ 18 years of age.

Note: Oromandibular dystonia is also referred to as orofacial dystonia.

Dosing. Approve up to a maximum dose of 1,200 units, administered not more frequently than once every 3 months.

7. Sialorrhea, Chronic. Approve for 1 year if the patient is ≥ 18 years of age.

Dosing. Approve up to a maximum dose of 300 units (150 units per side), administered not more frequently than once every 16 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Dysport is not recommended in the following situations:

1. **Cosmetic Uses.** Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical medical benefit.
Note: Examples of cosmetic uses include facial rhytides, frown lines, glabellar wrinkling, horizontal neck rhytides, mid and lower face and neck rejuvenation, platysmal bands, or rejuvenation of the periorbital region.
2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

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HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	Cervical Dystonia: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Spasticity, Limb: An age requirement of ≥ 2 years was added. Previously there was not an age requirement in place. Anal Fissure: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed. Blepharospasm: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. The following note was added to the indication: “This includes blepharospasm associated with dystonia, benign essential blepharospasm, seventh (VII) nerve disorders.” Hemifacial Spasm: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed. Sialorrhea, Chronic: An age requirement of ≥ 18 years was added. Previously there was not an age requirement in place. Dosing considerations for patients ≤ 18 years of age were removed.	10/11/2023
Annual Revision	Anal Fissure, Chronic: The diagnosis was updated from “Anal Fissure” to as listed. The dosing limitation was lowered from 1,200 units to 100 units. Oromandibular Dystonia: This Other Use with Supportive Evidence was added to the Policy. A new dosing limitation was added.	10/02/2024