

abobotulinumtoxinA (Dysport)

Medical Benefit Drug Policy

Place of Service

Office Administration

Drug Details

USP Category: SKELETAL MUSCLE RELAXANTS

Mechanism of Action: An acetylcholine release inhibitor and a neuromuscular blocking agent

HCPCS:

J0586:Injection, abobotulinumtoxina, 5 units

How Supplied:

300 Units or 500 units lyophilized powder in a single-dose vial

Condition(s) listed in policy *(see coverage criteria for details)*

- Blepharospasm
- Cervical Dystonia
- Spasticity

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice.

Blepharospasm

Meets medical necessity if all the following are met:

Covered Doses:

Up to 120 units per eye per treatment session given subcutaneously

Coverage Period:

One treatment session

ICD-10:

G24.5

Cervical Dystonia

Meets medical necessity if all the following are met:

1. Involuntary contractions of the neck muscles, causing abnormal placement of the head with limited range of motion in the neck

Covered Doses:

Up to 1000 units per treatment session given intramuscularly no sooner than every 12 weeks

Coverage Period:

Indefinite

ICD-10:

G24.3

Spasticity

Meets medical necessity if all the following are met:

1. Patient has upper or lower limb spasticity with evidence of functional impairment or pain

Covered Doses:

Adults:

- Upper limb: Up to 1000 units per treatment session given intramuscularly no sooner than every 12 weeks
- Lower limb: Up to 1500 units per treatment session given intramuscularly no sooner than every 12 weeks
- Upper and lower limb combined: Up to 1500 units per treatment session given intramuscularly no sooner than every 12 weeks

Pediatrics:

- Upper limb: Up to 640 units per limb per treatment session given intramuscularly every 12 weeks
- Lower limb:
 - Per limb: Up to 15 units/kg per treatment session given intramuscularly every 12 weeks
 - Both limbs: Up to 1000 units per treatment session given intramuscularly every 12 weeks

Upper and lower limb combined: Up to 1000 units per treatment session given intramuscularly every 12 weeks

Coverage Period:

Indefinite

ICD-10:

G04.1, G11.4, G24.02, G24.09, G24.1, G24.2, G25.0, G25.1, G25.2, G25.61, G25.69, G25.89, G35.A, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, G35.D, G80.0, G80.1, G80.2, G80.3, G80.4, G80.8, G81.11, G81.12, G81.13, G81.14, G82.21, G82.22, G82.51, G82.52, G82.53, G82.54, G83.0, G83.11, G83.12, G83.13, G83.14, G83.21, G83.22, G83.23, G83.24, I69.031, I69.032, I69.033, I69.034, I69.041, I69.042, I69.043, I69.044, I69.051, I69.052, I69.053, I69.054, I69.131, I69.132, I69.133, I69.134, I69.141, I69.142, I69.143, I69.144, I69.151, I69.152, I69.153, I69.154, I69.231, I69.232, I69.233, I69.234, I69.241, I69.242, I69.243, I69.244, I69.251, I69.252, I69.253, I69.254, I69.331, I69.332, I69.333, I69.334, I69.341, I69.342, I69.343, I69.344, I69.351, I69.352, I69.353, I69.354, I69.831, I69.832, I69.833, I69.834, I69.841, I69.842, I69.843, I69.844, I69.851, I69.852, I69.853, I69.854, I69.931, I69.932, I69.933, I69.934, I69.941, I69.942, I69.943, I69.944, I69.951, I69.952, I69.953, I69.954

References

1. Dysport (abobotulinumtoxinA) Prescribing Information. Cambridge, MA: Ipsen Biopharmaceuticals, Inc.; 9/2023.
2. Micromedex DrugDex [online drug compendium]. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>.

Review History

Date of Last Annual Review: 2Q2026

Changes from previous policy version:

- Removed coverage for anal fissures, focal limb dystonia of the upper extremity, hyperhidrosis, overactive bladder, sialorrhea, achalasia, and pediatric cerebral palsy (Rationale: not supported by labeling or in compendia)

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*