
Clinical Policy Committee

Commissioning policy: Botulinum Toxin A for the management of blepharospasm

The routine commissioning of botulinum toxin A is accepted in Devon for the management of blepharospasm when the condition causes the patient to be affected to at least a moderate degree by one or more of the following criteria:

- Difficulty in accomplishing everyday tasks;
- Reduced mobility, visual problems when driving or experiencing difficulty with steps or uneven ground;
- Reduced ability to act as carer or live independently;
- Symptoms that result in an inability to sustain employment despite reasonable occupational adjustment, or act as a barrier to employment or undertaking education.

Patients diagnosed with blepharospasm should be advised to check with the Driver and Vehicle Licensing Agency (DVLA) the requirements for notification and assessment with regard to continuing their licence to drive.

Rationale for the decision

Blepharospasm is a dysfunction of the eyelids in which spasmodic contraction of the eye lid can produce symptoms that range from repeated frequent blinking to persistent closure of the eyelid. Randomised controlled trials have shown that botulinum toxin A produces statistically significant improvements in symptoms and disability due to blepharospasm compared with placebo. There are costs associated with acquisition of the botulinum toxin and specialist time providing the treatment.

Taken together with evidence from published cost-utility analysis, the improvements brought about are considered to represent good value for money for the local health community when the patient is experiencing significant functional limitations as described in the policy.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the CCG upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

Date of publication: 1 March 2017