Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee

Commissioning policy: Botulinum Toxin A for the management of hemifacial spasm

The routine commissioning of botulinum toxin A is accepted in Devon for the management of hemifacial spasm 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.

Rationale for the decision

Hemifacial spasm (HFS) is a condition characterized by involuntary paroxysmal contractions of muscles innervated by the facial nerve. The symptoms can range from slight, involuntary, one-sided blinking with no involvement of the lower face, to intense, spasm of the lower face and neck, with one eye closed, and progressive facial weakness. Whilst the evidence for the efficacy of botulinum toxin A for the management of hemifacial spasm is limited to lower quality studies, a Cochrane systematic review concluded that all studies available strongly suggest that botulinum toxin type A is safe and effective for treating hemifacial spasm, that despite the absence of large RCTs, the efficacy of botulinum toxin type A for hemifacial spasm is not in doubt. There are costs associated with acquisition of the botulinum toxin and specialist time providing the treatment. The improvements brought about by treatment with botulinum toxin 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