



Pharmacy Drug Policy & Procedure

Policy Name:	Myobloc (rimabotulinumtoxin B)	Policy #:	2375P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Myobloc (rimabotulinumtoxinB).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Myobloc under the general medical benefit when the following criteria have been met.

Criteria

1. Criteria for Coverage of Cervical Dystonia

- 1.1 Alternative diagnoses ruled out including chronic neuroleptic treatment, contractures, and other neuromuscular disorders
- 1.2 Involuntary contractions of the neck muscles
- 1.3 Chronic head torsion or tilt
- 1.4 Symptoms present for at least 6 months
- 1.5 Approval Time
 - Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks over 12 months
 - Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks

2. Criteria for Coverage of Sialorrhea

- 2.1 Documented diagnosis of one of the following:
 - Parkinson’s Disease
 - Amyotrophic Lateral Sclerosis (ALS)
 - Cerebral Palsy
 - Stroke
- 2.2 Documented failure or intolerance to one of the following therapies:
 - Glycopyrrolate
 - Amitriptyline
 - Hyoscyamine
 - Sublingual ipratropium
 - Sublingual atropine
- 2.3 Approval Time
 - Initial Approval: 4 procedures, repeated no more frequently than every 12 weeks over 12 months
 - Subsequent Approvals: 4 procedures, repeated no more frequently than every 12 weeks

CPT Codes

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HCPCS Codes

J0587	Injection, rimabotulinumtoxinB, 100 units [Myobloc]
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References

1. Myobloc [package insert]. Rockville, MD: Solstice Neurosciences, Inc.; March 2021.
2. Duarte GS, Castelão M, Rodrigues FB, et al. Botulinum toxin type A versus botulinum toxin type B for cervical dystonia. *Cochrane Database Syst Rev.* 2016 Oct 26;10(10):CD004314.
3. Isaacson SH, Ondo W, Jackson CE, et al; MYSTICOL Study Group. Safety and Efficacy of RimabotulinumtoxinB for Treatment of Sialorrhea in Adults: A Randomized Clinical Trial. *JAMA Neurol.* 2020 Apr 1;77(4):461-469.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.