

<b>POLICY NAME</b>	Myobloc (rimabotulinumtoxin B)	<b>POLICY #</b>	2375P
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## Criteria

### Criteria for Coverage of Cervical Dystonia

- ☐ Alternative diagnoses ruled out including chronic neuroleptic treatment, contractures, and other neuromuscular disorders
- ☐ Involuntary contractions of the neck muscles
- ☐ Chronic head torsion or tilt
- ☐ Symptoms present for at least 6 months
- ☐ 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

### Criteria for Coverage of Sialorrhea

- ☐ Documented diagnosis of one of the following:
  - Parkinson's Disease
  - Amyotrophic Lateral Sclerosis (ALS)
  - Cerebral Palsy
  - Stroke
- ☐ Documented failure or intolerance to one of the following therapies:
  - Glycopyrrolate
  - Amitriptyline
  - Hyoscyamine
  - Sublingual ipratropium
  - Sublingual atropine
- ☐ 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 HCPCS Codes J0587 Injection, rimabotulinumtoxinB, 100 units [Myobloc] Criteria Statement of the Policy References