

**POLICY NAME**

Myobloc (rimabotulinumtoxin B)

**POLICY #**

2375P

## Criteria

### 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

### 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 HCPCS Codes J0587 Injection, rimabotulinumtoxinB, 100 units [Myobloc]  
Criteria Statement of the Policy References