

POLICY NAME	Myobloc (rimabotulinumtoxin B)	POLICY #	2375P
--------------------	--------------------------------	-----------------	-------

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