

## rimabotulinumtoxinB (Myobloc)

### Commercial Medical Benefit Drug Policy

#### Place of Service

Office Administration

### Drug Details

**USP Category:** SKELETAL MUSCLE RELAXANTS

**Mechanism of Action:** blocks neuromuscular conduction by binding to receptor sites on motor nerve terminals, entering the nerve terminals, and inhibiting the release of acetylcholine

#### **HCPCS:**

J0587:Injection, rimabotulinumtoxinb, 100 units

#### **How Supplied:**

2,500 Units/0.5 mL; 5,000 Units/mL; or 10,000 Units/2 mL (5,000Units/mL) in a single-dose vial

### Condition(s) listed in policy *(see coverage criteria for details)*

- Cervical Dystonia
- Sialorrhea

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

### Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

### Coverage Criteria

**The following condition(s) require Prior Authorization/Preservice.**

#### **Cervical Dystonia**

**Meets medical necessity if all the following are met:**

1. Involuntary contractions of the neck muscles, causing abnormal placement of the head with limited range of motion in the neck

#### **Covered Doses:**

Up to 5,000 units per treatment session given intramuscularly no sooner than every 12 weeks

#### **Coverage Period:**

Indefinite

#### **ICD-10:**

G24.3

**Sialorrhea**

**Meets medical necessity if all the following are met:**

1. Patient has sialorrhea (drooling) due to neurodegenerative disease (e.g., Parkinson’s disease, amyotrophic lateral sclerosis)
2. Meets one of the following:
  - a. Patient has tried conservative treatments (e.g., behavioral therapy, oral motor training, anticholinergic therapy)
  - b. Conservative treatments are not appropriate options for the patient

**Covered Doses:**

Up to 3500 units per treatment session given by intraglandular injection no sooner than every 12 weeks

**Coverage Period:**

Indefinite

**ICD-10:**

K11.7

**References**

1. Myobloc (rimabotulinumtoxinB) Prescribing Information. Rockville, MD: Solstice Neurosciences, LLC.; 3/2021.

**Review History**

Date of Last Annual Review: 2Q2026

Changes from previous policy version:

- Removed coverage for hyperhidrosis, overactive bladder/urinary incontinence due to detrusor overactivity associated with a neurologic condition, and spasticity (Rationale: not supported by labeling or in compendia)

*Blue Shield of California Medication Policy to Determine Medical Necessity  
Reviewed by P&T Committee*