

rimabotulinumtoxinB (Myobloc)

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 California Code of Regulations (CCR), Title 22, Section 51303 and 51313 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.

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*