

Jurisdiction Specific Medicare Part B

Myobloc

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Myobloc	rimabotulinumtoxin B

Covered Uses

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

- Cervical dystonia
- Chronic sialorrhea

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

Exclusions

Coverage will not be provided for cosmetic use.

Reference number(s)
2165-A

Coverage Criteria

Cervical Dystonia

Authorization of 12 months may be granted for the treatment of cervical dystonia in adults.

Chronic sialorrhea

Authorization of 12 months may be granted for the treatment of chronic sialorrhea in adults.

Dosage and Administration

The lowest effective dose and longest dosing interval that produces the desired clinical effect should be used.

References

1. Botulinum Toxins LCD (L33274) Version R11. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed August 5, 2024.
2. Billing and Coding: Botulinum Toxins (A57715) Version R6. Available at: Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed August 5, 2024.
3. Myobloc [package insert]. Louisville, KY: Solstice Neurosciences, LLC; March 2021.