### PHARMACY POLICY STATEMENT

**Ohio Medicaid**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>Myobloc (rimabotulinumtoxinB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BILLING CODE</td>
<td>J0587</td>
</tr>
<tr>
<td>BENEFIT TYPE</td>
<td>Medical</td>
</tr>
<tr>
<td>SITE OF SERVICE ALLOWED</td>
<td>Office, Outpatient</td>
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<tr>
<td>COVERAGE REQUIREMENTS</td>
<td>Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT— up to 5,000 Units per treatment</td>
</tr>
<tr>
<td>LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY</td>
<td>Click Here</td>
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</tbody>
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Myobloc (rimabotulinumtoxinB) is a **non-preferred** product and will only be considered for coverage under the **medical** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

**CERVICAL DYSTONIA (SPASMODIC TORTICOLLIS)**

For **initial** authorization:
1. Member has a pain or abnormal head position with documented turning of the head (torticollis), lateral tilt of the neck (laterocollis), flexion of the head (anterocollis), or extension of the head (retrocollis) causing adverse effect on daily functioning; **AND**
2. Member has tried and failed one oral medication such as trihexyphenidyl (Artane), clonazepam (Klonopin), or baclofen; **AND**
3. Member does **not** have any of the following:
   a) Fixed contractures causing decreased neck range of motion;
   b) Neuromuscular disease (e.g., myasthenia gravis);
   c) Prior surgical treatment.
4. **Dosage allowed:** 2,500 to 5,000 Units divided among affected muscles.

**If member meets all the requirements listed above, the medication will be approved for 6 months.**

For **reauthorization**:
1. Member must be in compliance with all other initial criteria; **AND**
2. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease.

**If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.**

CareSource considers Myobloc (rimabotulinumtoxinB) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Tension headache, cervicogenic headache
- Myofascial pain syndrome
- Tremors such as benign essential tremor, chronic motor tic disorder and tics associated with Tourette Syndrome
Parkinson’s disease
Sialorrhea due to Parkinson’s disease

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tr>
<td>08/06/2018</td>
<td>New policy for Myobloc created. Age requirement removed. Criterion “no infection at proposed injection site” removed from Cervical Dystonia diagnosis. Age limitation removed from Cervical Dystonia; pain and abnormal head position requirements clarified and medications trial added.</td>
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</tbody>
</table>

References:

Effective date: 08/20/2018
Revised date: 08/06/2018