

## **SPECIALTY GUIDELINE MANAGEMENT**

### **MYOBLOC (rimabotulinumtoxinB)**

#### **POLICY**

##### **I. INDICATIONS**

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

###### FDA-Approved Indications

Cervical dystonia in adults to reduce the severity of abnormal head position and neck pain associated with cervical dystonia

All other indications are considered experimental/investigational and are not a covered benefit.

##### **II. EXCLUSIONS**

Coverage will not be provided for cosmetic use.

##### **III. CRITERIA FOR INITIAL APPROVAL**

Authorization of 12 months may be granted for treatment of cervical dystonia (e.g., torticollis).

##### **IV. CONTINUATION OF THERAPY**

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

##### **V. REFERENCES**

1. Myobloc [package insert]. South San Francisco, CA: Solstice Neurosciences, Inc.; May 2010.
2. DRUGDEX® System [Internet database]. Ann Arbor, MI: Truven Health Analytics. Updated periodically. Accessed August 31, 2016.