

PRIOR AUTHORIZATION POLICY

POLICY: Botulinum Toxins – Myobloc Prior Authorization Policy

- Myobloc® (rimabotulinumtoxinB injection – Solstice Neurosciences)

REVIEW DATE: 9/25/2024

OVERVIEW

Myobloc (rimabotulinumtoxinB), an acetylcholine release inhibitor and neuromuscular-blocking agent, is indicated for the following uses:¹

- **Cervical dystonia** in adults.
- **Sialorrhea, chronic** in adults.

Other Uses with Supportive Evidence

Spasticity, Upper Limb(s): In the 2016 American Academy of Neurology guidelines (reaffirmed 2022), Myobloc is supported for use in adult upper limb spasticity (Level B; probably effective).² Of note, evidence is insufficient for Myobloc in the setting of lower limb spasticity (Level U).

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Myobloc. All approvals are provided for the duration noted below.

Prior Authorization and prescription benefit coverage are not recommended for cosmetic conditions.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Myobloc is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Cervical Dystonia.** Approve for 1 year if the patient is ≥ 18 years of age.
Note: Cervical dystonia is also known as spasmodic torticollis.
2. **Sialorrhea, Chronic.** Approve for 1 year if the patient is ≥ 18 years of age.

Other Uses with Supportive Evidence

3. **Spasticity, Upper Limb(s).** Approve for 1 year if the patient is ≥ 18 years of age.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Myobloc is not recommended in the following situations:

1. **Cosmetic Uses.** Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical pharmacy benefit.

01/24/2024

© 2024. All Rights Reserved.

This document is confidential and proprietary. Unauthorized use and distribution are prohibited.

Note: Examples of cosmetic uses include facial rhytides, frown lines, glabellar wrinkling, horizontal neck rhytides, mid and lower face and neck rejuvenation, platysmal bands, or rejuvenation of the periorbital region.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Myobloc® injection [prescribing information]. San Francisco, CA: Solstice Neurosciences; December 2023.
2. Simpson DM, Hallett M, Ashman EJ, et al. Practice guideline update summary: botulinum neurotoxin for the treatment of blepharospasm, cervical dystonia, adult spasticity, and headache. Report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology*. 2016;86:1818-1826.