

Myobloc® (rimabotulinumtoxinB) (Intramuscular/Intradermal/Intraglandular)

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I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 6 months (180 days).
- Renewal: Prior authorization validity may be renewed every 12 months (365 days) thereafter.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

Indication	Billable Units	Per # days
Cervical Dystonia	100	84
Upper Limb Spasticity	150	84
Chronic Migraine Prophylaxis	100	84
Chronic Sialorrhea	50	84
Severe Primary Axillary Hyperhidrosis	100	84
Overactive Bladder	150	84

III. Initial Approval Criteria ¹

Prior authorization validity is provided in the following conditions:

- Member is at least 18 years of age; **AND**

Universal Criteria ¹

- Member does NOT have any FDA labeled contraindications to the requested agent (e.g., hypersensitivity to any botulinum toxin product or any of its components, active infection at the proposed injection site); **AND**
- Member is not on concurrent treatment with another botulinum toxin; **AND**

Cervical Dystonia † Φ ^{1,2,43}

- Member has a history of recurrent involuntary contraction of one or more muscles in the neck and upper shoulders; **AND**
 - Member has sustained head tilt; **OR**

- Member has abnormal posturing with limited range of motion in the neck

Chronic Sialorrhea ‡^{1,13-16,33}

- Member has a history of troublesome sialorrhea for at least a 3-month period

Upper Limb Spasticity ‡²⁻⁶

Prophylaxis for Chronic Migraines ‡^{7-10,19-22,24,31,34,35,39,40,41}

- Physician has assessed baseline disease severity utilizing an objective measure/tool (e.g., Headache Impact Test [HIT-6]; monthly headache day [MHD]; Migraine Disability Assessment [MIDAS]; Migraine Physical Function Impact Diary [MPFID]); **AND**
- Member is utilizing prophylactic intervention modalities (e.g. avoiding migraine triggers, pharmacotherapy, behavioral therapy, neuromodulation, physical therapy, etc.); **AND**
- Other causes of headaches have been ruled out; **AND**
- Member has a diagnosis of chronic migraines defined as 15 or more headache (tension-type-like and/or migraine-like) days per month for > 3 months; **AND**
- On at least 8 days per month for > 3 months, headaches have one of the following features consistent with migraine:
 - Headache is relieved by triptans or ergot derivatives; **OR**
 - Headache is presenting as migraine with aura; **OR**
 - Headache is without aura but has characteristics of a migraine as determined by the provider (e.g., unilateral, pulsating, nausea/vomiting, photophobia/phonophobia, etc.); **AND**
- One of the following apply:
 - Patient has failed at least an 8-week trial of any two oral medications for the prevention of migraines (see list of migraine-prophylactic medications below for examples ±); **OR**
 - Patient had previous treatment with a CGRP antagonist used for prevention of migraines

Severe Primary Axillary Hyperhidrosis ‡^{11,12,25,26,32,36,42}

- Member has tried and failed ≥ 1 month trial of a topical agent (e.g., 20% aluminum chloride, glycopyrronium, aluminum zirconium trichlorohydrate, sofipironium etc.); **AND**
 - Member has a history of medical complications such as skin infections or significant functional impairments; **OR**
 - Member has had a significant burden of disease or impact to activities of daily living due to condition (e.g., impairment in work performance/productivity, frequent change of clothing, difficulty in relationships and/or social gatherings, etc.)

Overactive Bladder (OAB) ‡^{37,38}

- Member has symptoms of urge urinary incontinence, urgency, and frequency; **AND**
- Member has failed a 1 month or longer trial of **two** medications from either the antimuscarinic (e.g., darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine, trospium, etc.) or beta-adrenergic (e.g., mirabegron, vibegron, etc.) classes

† FDA approved indication(s); ‡ Compendia Recommended Indication(s); Ⓢ Orphan Drug

± Migraine-Prophylaxis Oral Medications (<i>list not all-inclusive</i>) ^{19,21,24,39}	
• Antidepressants (e.g., amitriptyline, nortriptyline, venlafaxine, duloxetine, etc.) • Beta blockers (e.g., propranolol, metoprolol, nadolol, timolol, atenolol, pindolol, etc.) • Angiotensin converting enzyme inhibitors/angiotensin II receptor blockers (e.g. lisinopril, candesartan, etc.) • Anti-epileptics (e.g., divalproex, valproate, topiramate, etc.)	

IV. Renewal Criteria ¹

Prior authorization validity can be renewed based upon the following criteria:

- Member continues to meet the universal and indication specific criteria as identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: symptoms of a toxin spread effect (e.g., asthenia, generalized muscle weakness, diplopia, blurred vision, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence, swallowing/breathing difficulties, etc.), serious hypersensitivity reactions (e.g., angioedema, urticaria, rash, anaphylaxis, serum sickness, soft tissue edema, and dyspnea), etc.; **AND**
- Disease response as evidenced by the following:

Cervical Dystonia ^{1,2}

- Improvement in the severity and frequency of pain; **AND**
- Improvement of abnormal head positioning

Upper Limb Spasticity ^{2-6,30}

- Decrease in tone and/or resistance, of affected areas, based on a validated measuring tool (e.g., Ashworth Scale, Physician Global Assessment, Clinical Global Impression (CGI), etc.)

Prophylaxis for Chronic Migraines ^{20,24,31}

- Significant decrease in the number, frequency, and/or intensity of headaches compared to baseline on an objective measure/tool (e.g., Headache Impact Test [HIT-6]; monthly headache day [MHD]; Migraine Disability Assessment [MIDAS]; Migraine Physical Function Impact Diary [MPFID]); **AND**
- Improvement in function; **AND**

- Member continues to utilize prophylactic intervention modalities (e.g., avoiding migraine triggers, pharmacotherapy, behavioral therapy, neuromodulation, physical therapy, etc.)

Chronic Sialorrhea ^{1,13-16,33}

- Significant decrease in saliva production

Severe Primary Axillary Hyperhidrosis ^{11,12,25,26,32}

- Significant reduction in spontaneous axillary sweat production; **AND**
- Member has a significant improvement in activities of daily living

Overactive Bladder (OAB) ^{37,38}

- Significant improvement in daily frequency of urinary incontinence or micturition episodes and/or volume voided per micturition; **AND**
- Member's post-void residual (PVR) periodically assessed as medically appropriate

V. Dosage/Administration ^{1-12,30,31,37}

Indication	Dose
Cervical Dystonia	Initial dose: 2,500 to 5,000 units divided among the affected muscles. Re-treatment: 2,500 to 10,000 units every 12 -16 weeks or longer, as necessary.
Upper Limb Spasticity	Up to 15,000 units divided among the affected muscles every 12 weeks
Chronic Migraine Prophylaxis	Up to 8,250 units divided among the affected muscles every 12 weeks
Chronic Sialorrhea	Recommended dose: 1,500 to 3,500 units (500 to 1,500 units per parotid gland and 250 units per submandibular gland) every 12 weeks. Maximum dose: 3,500 units divided among the affected muscles every 12 weeks.
Severe Primary Axillary Hyperhidrosis	Up to 4,000 units per axilla every 12 weeks
Overactive Bladder	Up to 15,000 units divided among the affected muscles every 12 weeks
Note: Units of Myobloc are specific to the preparation and assay method utilized and are not interchangeable with other preparations of botulinum toxin products and cannot be compared to or converted into units of any other botulinum toxin products	

VI. Billing Code/Availability Information

HCPCS Code:

- J0587 – Injection, rimabotulinumtoxinb, 100 units; 1 billable unit = 100 units

NDC(s):

- Myobloc 2,500 unit/0.5 mL single-dose vial solution for Injection: 10454-0710-xx
- Myobloc 5,000 unit/mL single-dose vial solution for Injection: 10454-0711-xx
- Myobloc 10,000 unit/2mL single-dose vial solution for Injection: 10454-0712-xx

VII. References

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Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	Yes: Consider for PA
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
G24.3	Spasmodic torticollis
G25.89	Other specified extrapyramidal and movement disorders
G35.A	Relapsing-remitting multiple sclerosis
G35.B0	Primary progressive multiple sclerosis, unspecified
G35.B1	Active primary progressive multiple sclerosis
G35.B2	Non-active primary progressive multiple sclerosis
G35.C0	Secondary progressive multiple sclerosis, unspecified
G35.C1	Active secondary progressive multiple sclerosis
G35.C2	Non-active secondary progressive multiple sclerosis
G35.D	Multiple sclerosis, unspecified
G37.0	Diffuse sclerosis of central nervous system

G43.701	Chronic migraine without aura, not intractable, with status migrainosus
G43.709	Chronic migraine without aura, not intractable, without status migrainosus
G43.711	Chronic migraine without aura, intractable, with status migrainosus
G43.719	Chronic migraine without aura, intractable, without status migrainosus
G43.E01	Chronic migraine with aura, not intractable, with status migrainosus
G43.E09	Chronic migraine with aura, not intractable, without status migrainosus
G43.E11	Chronic migraine with aura, intractable, with status migrainosus
G43.E19	Chronic migraine with aura, intractable, without status migrainosus
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7, complete
G82.54	Quadriplegia, C5-C7, incomplete
G83.0	Diplegia of upper limbs, Diplegia (Upper), Paralysis of both upper limbs
G83.20	Monoplegia of upper limb affecting unspecified side
G83.21	Monoplegia of upper limb affecting right dominant side
G83.22	Monoplegia of upper limb affecting left dominant side
G83.23	Monoplegia of upper limb affecting right nondominant side
G83.24	Monoplegia of upper limb affecting left nondominant side
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side

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I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified site
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified site
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side

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I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified site
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified site
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side

Medical Necessity Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
K11.7	Disturbances of salivary secretions
L74.510	Primary focal hyperhidrosis, axilla
M43.6	Torticollis
N32.81	Overactive bladder

Dual coding requirements:

- Primary G and M codes require a secondary G or I code in order to be payable

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes		
Jurisdiction	NCD/LCA/LCD Document (s)	Contractor
6 & K	A59707	National Government Services, Inc. (NGS)
5 & 8	A59809	Wisconsin Physicians Insurance Corp (WPS)
N	A57715	First Coast Service Options, Inc.
15	A59726	CGS Administrators, LLC
F	A57186	Noridian Healthcare Solutions, LLC
E	A57185	Noridian Healthcare Solutions, LLC
J & M	A59714	Palmetto GBA
H & L	A58423	Novitas Solutions, Inc.

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC