

# MYOBLOC

### Pre – PA Allowance

None

## **Prior – Approval Requirements**

Age 18 years of age or older

#### Diagnoses

Patient must have **ONE** of the following:

- 1. Cervical dystonia (spasmodic torticollis)
- 2. Excessive salivation (sialorrhea)

**AND** the following:

1. **NO** dual therapy with other botulinum toxins

## **Prior – Approval Limits**

12 months Duration

## Prior – Approval Renewal Requirements

Same as above

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Same as above