

Pharmacy

PRIOR AUTHORIZATION FORM

Last Reviewed: March 2012

Last Updated: November 2011

For Prior Authorization, please fax to: (877) 974-4411 toll free, or (616) 942-8206

This form applies to: Commercial Plan Medicaid Plan Medicare Plan

Botulinum Toxin

URGENT (life threatening)

Non-Urgent (standard review)

A claim involving "urgent care" applies when the standard review time will seriously jeopardize the life or health of the member, or subject the member to severe pain that cannot be managed without the care or treatment requested in the subject of this request. **Priority Health averages between 1 and 3 business days for our standard review response time.**

Member Information

Member Name:	Member No.:
DOB:	Gender:
Member's PCP:	

Provider Information

Provider Name:	
Office Contact Name:	Provider Phone:
Provider NPI:	Provider Fax:
Provider Address:	

Provider Signature

Date

Is this provider a neurologist or psychiatrist? Yes No

PRODUCT INFORMATION

Botulinum toxin – Type A

- Botox[®] 100 unit vial
- Botox[®] 200 unit vial
- Dysport[®] 300 unit vial
- Dysport[®] 500 unit vial
- Xeomin[®] 50 unit vial
- Xeomin[®] 100 unit vial

Botulinum toxin – Type B

- Myobloc[®] 2,500 unit vial
- Myobloc[®] 5,000 unit vial
- Myobloc[®] 10,000 unit vial

Dose: _____

Start Date: _____

BILLING INFORMATION

Place of administration:

- Provider's Office
- Other: _____

Billing Options:

- Physician buy and bill
- Preferred Specialty Vendor
- Other: _____

PRIORITY HEALTH PRECERTIFICATION DOCUMENTATION IS REQUIRED FOR REIMBURSEMENT
Authorization for *botulinum toxin* requires the following information to certify:

Patient must have one of the following diagnoses (step therapy and additional requirements listed below individual indication):

1. Blepharospasm ICD code _____
2. Cerebral palsy ICD code _____
3. Cervical dystonia ICD code _____
4. Demyelinating diseases of the CNS and copus callosum including Leukodystrophy ICD code _____
5. Detrusor Overactivity associated with a Neurologic Condition ICD code _____
 - a. *Patient's urinary incontinence is due to detrusor overactivity associated with a neurological condition (e.g. spinal cord injury, multiple sclerosis)?*
 Yes - Neurological condition: _____
 No – Rationale for use: _____
 - b. *Patient had a therapeutic trial and clinical failure with, or is intolerant to, an anticholinergic medication?*
 Yes - Medication used: _____
 No – Rationale for use: _____
6. Esophageal achalasia ICD code _____
7. Facial nerve VII disorder ICD code _____
(facial myokymia, Melkersson's syndrome, facial/hemifacial spasms)
8. Focal hand dystonia (i.e. organic writer's cramp) ICD code _____
9. **Migraine** headache ICD code _____
 Note: cluster, tension, and cervicogenic headaches are *not* a covered benefit.
 - a. *Are the patient's headaches disabling?*
 Yes
 No – Rationale for use: _____
 - b. *Patient had a documented therapeutic trial with **three** of the following classes that did not work, patient experienced side effects, or has a contraindication to (required):*

<input type="checkbox"/> Acetaminophen	Outcome: _____
<input type="checkbox"/> Ergotamine	Outcome: _____
<input type="checkbox"/> NSAIDs	Outcome: _____
<input type="checkbox"/> Triptans	Outcome: _____
<input type="checkbox"/> Opioid Analgesics	Outcome: _____
 - c. **Note:** Use of botulinum toxin is covered by only for the prophylaxis of headaches in adult patients with chronic migraine (≥ 15 days per month with headache lasting 4 hours a day or longer). Does the patient meet this criteria? Yes No

10. Hereditary spastic paraplegia ICD code _____
11. Hyperhidrosis (primary axillary) ICD code _____
- a. *Patient had a documented therapeutic trial of topical aluminum chloride or other extra-strength antiperspirants or these therapies result in a severe rash (required)?*
 Yes No – Rationale for use: _____
- b. *Patient had a documented trial of systemic pharmacotherapy prescribed for excessive sweating (e.g. anticholinergics, beta-blockers, or benzodiazapines) (required)?*
 Yes No – Rationale for use: _____
12. Jaw-closing oromandibular dystonia ICD code _____
13. Laryngeal spasm
 Laryngeal adductor spastic dysphonia or stradulus ICD code _____
14. Lingual dystonia ICD code _____
15. Multiple Sclerosis ICD code _____
16. Neuromyelitis optica ICD code _____
17. Orofacial dyskinesia ICD code _____
18. Ptyalism/sialorrhoea refractory to pharmacotherapy ICD code _____
- a. *Patient had a documented therapeutic trial of anticholinergic therapy (required)?*
 Yes No – Rationale for use: _____
19. Schilder's disease ICD code _____
20. Spastic hemiplegia due to stroke or brain injury ICD code _____
21. Strabismus ICD code _____
22. Torsion dystonia, idiopathic and symptomatic ICD code _____
23. Torticollis ICD code _____
24. OTHER ICD code _____
 Rationale for use: _____

Note: Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

DURATION OF THERAPY

If approved, authorization will be for one dose every 90 days for one year. It is usually not considered medically necessary to give botulinum toxin injection more frequently than every 90 days.

PRIORITY MEDICARE PLANS

Note: Priority Health Medicare applies CMS national and local coverage determination criteria when available for Part B drugs. If no national determination criteria or local coverage determination criteria is available for the state in which the member is receiving the services, the above prior authorization criteria must be met.

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**PRECERTIFICATION NOTICE:
THE FOLLOWING INDICATIONS ARE NOT COVERED**

Note: Priority Health does not cover botulinum toxin for the following indications:

- Botulinum toxin for the treatment of anal spasm, irritable colon, gastroparesis, biliary dyskinesia, craniofacial wrinkles or any treatment of other spastic conditions not listed as covered on this prior authorization form are considered experimental (including the treatment of smooth muscle spasm).
- Botulinum toxin for patients receiving aminoglycosides
- Botulinum toxin for patients with chronic paralytic strabismus, except to reduce antagonistic contractor with surgical repair
- Treatment exceeding accepted dosage parameters unless supported by individual medical record review as well as treatments where the goal is to improve appearance rather than function.
- Use of botulinum toxin A or botulinum toxin B for all other conditions not listed above is not a covered benefit.

*** All fields must be complete and legible for Prior Authorization Review***

**Please fax this request to: (877)974-4411 toll free or (616)942-8206
YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX**