

BOTULINUM TOXINS PRIOR AUTHORIZATION FORM *(form effective 1/3/2022)*

Prior authorization guidelines for **Botulinum Toxins** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx>.

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	Total # of pages _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:		NPI:	State license #:	
LTC facility contact/phone:		Street address:		
Beneficiary name:		Suite #:	City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

CLINICAL INFORMATION

Drug requested:	Units/package size:	Total quantity requested per treatment:
Injection site(s) & dose per site:		
Diagnosis (<i>submit documentation</i>):		Dx code (<i>required</i>):
Dates of previous administration and injection sites (<i>submit documentation</i>):		

INITIAL requests

Request for a non-preferred agent: Does the beneficiary have a history of trial and failure, contraindication, or intolerance of the preferred Botulinum Toxins that are FDA-approved for the beneficiary's diagnosis and age? Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.

Yes *Submit documentation of all medications tried and outcomes.*
 No
 N/A

Complete the sections below that are applicable to the beneficiary and this request and **SUBMIT DOCUMENTATION** for each item.

- For a diagnosis of chronic spasticity:**
- Has spasticity that interferes with activities of daily living
 - Has spasticity that is expected to result in joint contracture with future growth
 - If the beneficiary has contractures, has been considered for surgical intervention
 - If the beneficiary is 18 years of age or older, tried and failed or has a contraindication or an intolerance to an oral medication for spasticity
 - Botulinum Toxin is being prescribed to enhance function or allow for additional therapeutic modalities to be used
 - Will use the requested botulinum toxin in conjunction with other appropriate therapeutic modalities (e.g., PT, OT, gradual splinting, etc.)
- For a diagnosis of axillary hyperhidrosis:**
- Tried and failed or has a contraindication or an intolerance to a topical agent such as aluminum chloride 20% solution

- For a diagnosis of chronic migraine headache:
 - Has a diagnosis of migraine headache consistent with the current International Headache Society Classification of Headache Disorders
 - Migraine headache is not attributable to other causes, such as medication overuse
 - Is prescribed the Botulinum Toxin by or in consultation with a headache specialist who is certified in headache medicine by the United Council for Neurologic Subspecialties or a neurologist
 - Tried and failed or has a contraindication or an intolerance to medications in other drug classes that are used for migraine prevention:
 - Anticonvulsants (e.g., divalproex, topiramate, valproic acid)
 - Antidepressants (e.g., amitriptyline, venlafaxine)
 - Beta blockers (e.g., metoprolol, propranolol, timolol)
- For a diagnosis of urinary incontinence due to detrusor overactivity:
 - Has an associated neurologic condition
 - Tried and failed or has a contraindication or an intolerance to an anticholinergic medication used for the treatment of urinary incontinence
- For a diagnosis of overactive bladder:
 - Has symptoms of urge urinary incontinence, urgency, and frequency
 - Tried and failed or has a contraindication or an intolerance to at least 2 medications used for the treatment of overactive bladder (e.g., anticholinergics, beta-3 adrenergic agonists)

RENEWAL requests

Check the items below that are applicable to the beneficiary and this request and SUBMIT DOCUMENTATION for each item.

- Experienced a positive clinical response to the Botulinum Toxin
- Symptoms have returned to such a degree that repeat injection with Botulinum Toxin is required
- The frequency of injection of Botulinum Toxin exceeds the FDA-approved package labeling
 - The previous treatment was well-tolerated but inadequate
 - The requested dose and increased frequency of injection of Botulinum Toxin are supported by medical literature as safe and effective for the diagnosis

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:

Date:

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