

OPTIMA HEALTH COMMUNITY CARE

(MEDICAID)

PHARMACY/MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-844-348-3720.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **Incomplete form will delay authorization process.**

Botulinum Toxin Injections[®], Type A (Medical)

Drug Requested - check applicable drug below:

Botox[®] (onabotulinumtoxinA) (J0585)

Xeomin[®] (incobotulinumtoxinA) (J0588)

DRUG INFORMATION: Complete information below or authorization process will be delayed.

Drug Name/Form/Strength/Quantity: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

- **Max quantity limits:** 400 units in a 3-month period
- **Cosmetic indications are excluded.**

CLINICAL CRITERIA: Check **one** of the diagnoses below. Applicable box(es) **MUST** be checked to qualify to ensure authorization will **NOT** be delayed.

Medical notes must be submitted to support each line checked on this request.

Achalasia, Primary idiopathic esophageal

- The patient has failed or had a clinically significant adverse reaction to conventional therapy (nitrates or calcium channel blockers)

OR

- The patient ineligible for surgical treatment due to advance age or multiple co-morbidities (poor surgical risk)

OR

- The patient is at high risk of complications of pneumatic dilation or surgical myotomy

OR

- Failure of prior myotomy or dilation

OR

- The patient has an epiphrenic diverticulum or hiatal hernia, both of which increase the risk of dilation-induced perforation

Achalasia, Internal anal sphincter (IAS)

- Patient has not responded to treatment with laxatives

AND

- Patient has not responded to or is not a candidate for anal sphincter myectomy

Anal Fissure – Chronic

- The patient has failed (at least 60 days) topical nitroglycerin or topical calcium channel blocker

Blepharospasm

Cerebral Palsy – Dynamic Contracture

- Cerebral Palsy – Spasticity** (including diplegia, hemiplegia, paraplegia, or quadriplegia)

Cervical Dystonia (spasmodic torticollis) and **Mixed Cervical Dystonia**

- CVA-related spasticity** within 1 year of onset

Drooling in Parkinson's Disease

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