

**OPTIMA HEALTH COMMUNITY CARE
AND
OPTIMA FAMILY 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.

Drug Requested: Botulinum Toxin Injections®, Type A (J0585) (Medical)
 Botox® (onabotulinumtoxinA)
 {Upper Limb Spasticity (ULS) & Lower Limb Spasticity (LLS)}

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

Drug 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.**

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

CLINICAL CRITERIA: Check **one** diagnosis below that applies to ensure authorization will **NOT** be delayed.

- | | |
|--|---|
| <p><input type="checkbox"/> <u>Single Arm Upper Limb Spasticity</u></p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> <u>Both Arms Upper Limb Spasticity</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> <u>Anterior Arm</u></p> <p style="padding-left: 40px;"><input type="checkbox"/> Biceps Brachii (100-200 units divided in 4 sites)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Flexor Carpi Radialis (12.5 - 50 units)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Flexor Carpi Ulnaris (12.5 – 50 units)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Flexor Pollicis Longus (20 units)</p> <p style="padding-left: 20px;"><input type="checkbox"/> <u>Posterior Arm</u></p> <p style="padding-left: 40px;"><input type="checkbox"/> Flexor Digitorum Profundus (30-50 units)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Flexor Digitorum Sublimis (30-50 units)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Adductor Pollicis (20 units)</p> | <p><input type="checkbox"/> <u>Lower Limb Spasticity</u> (300 – 400 units divided among 5 muscles)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Gastrocnemius Medial Head (75 units)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Gastrocnemius Lateral Head (75 units)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Soleus (75 units)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Tibialis Posterior (75 units)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Flexor Halluces Longus (50 units)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Flexor Digitorum Longus (50 units)</p> |
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(continued on next page)

Medication being provided by (check applicable box below):

- Physician's office OR Specialty Pharmacy - PropriumRx

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted charts.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

REVISED/UPDATED: 8/4/2017; 12/20/2017; 8/17/2018; 10/8/2018