OPTIMA HEALTH 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 1-844-723-2094**. 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 (Medical)
Dysport® (abotulinumtoxinA) **(J0586)**

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

Drug Form/Strength/Quantity: _____

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

Diagnosis: _____ **ICD Code:** _____

- **Cosmetic indications are excluded.**

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

CLINICAL CRITERIA: Check diagnosis below. Appropriate diagnosis **must** be identified to qualify. Authorization process will be delayed if incomplete.

❑ **Pediatric Lower Limb Spasticity >2 years old**

(Total dose per treatment session would be 10 -15 units/kg for unilateral lower limb injections or 20 - 30 units/kg for bilateral lower limb injections.

Total dose administered per treatment session **must not** exceed 15 units/kg for unilateral lower limb injections or 30 units/kg for bilateral lower limb injections or 1000 units, whichever is lower.)

- **Interval between treatments**: 12-16 weeks, some patients had a longer duration of response
- Gastrocnemius: 6 to 9 units/kg **(up to 4 injections per muscle)**
- Soleus: 4 to 6 units/kg **(up to 2 injections per muscle)**
- Total 10-15 units/kg divided across both muscles **(up to 6 injections total)**

❑ **Adult Lower Limb Spasticity**

- **Dose** should **not** exceed 1500 units divided among selected muscles per treatment session
- **Interval between Treatments**: no sooner than 12 weeks after the previous injection, majority of patients retreated between 12-16 weeks
- Gastrocnemius:
  - **Medial Head:** 100 units to 150 units **(1 injection per muscle)**
  - **Lateral Head**: 100 units to 150 units **(1 injection per muscle)**
- Soleus: 330 units to 500 units **(3 injection per muscle)**
- Tibialis posterior: 200 units to 300 units **(1 injection per muscle)**
- Flexor digitorum longus: 130 units to 200 units **(1 to 2 injections per muscle)**
- Flexor halluces longus: 70 units to 200 units **(1 injection per muscle)**

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❑ Upper Limb Spasticity:

- **Dose:** 500 to 1,000 units divided among selected muscles
- **Interval between Treatments**: 12-16 weeks some patients had a longer duration of response **(e.g., 20 weeks)**
- Brachialis: 200 to 400 units **(1 to 2 injections per muscle)**
- Brachioradialis: 100 to 200 units **(1 to 2 injections per muscle)**
- Biceps brachii: 200 to 400 units **(1 to 2 injections per muscle)**
- Flexor carpi radialis: 100 to 200 units **(1 to 2 injections per muscle)**
- Flexor carpi ulnaris: 100 to 200 units **(1 to 2 injections per muscle)**
- Flexor digitorum profundus: 100 to 200 units **(1 to 2 injections per muscle)**
- Pronator teres: 100 to 200 units **(1 injection per muscle)**

❑ Anal Fissures

- **Dose**: 90-150 units intramuscularly in 2 divided doses

❑ Cervical Dystonia (spasmodic torticollis) and Mixed Cervical Dystonia

- **Initial Dose**: 500 units intramuscularly in divided doses among affected muscles
- Titrate in 250 unit increments for total dose (i.e. 500 units total → 750 units total) every 12 weeks
- **Max total dose**: 1000 units in 12 week period
- Re-treatment interval should not be less than 12 weeks

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

- ❑ **Dose** Range: 8-30 units/kg in divided doses among affected muscles
- ❑ **Max Dose Studied**: 750 units in divided doses among affected muscles

❑ Drooling due to neurologic diseases (i.e. ALS, Parkinson's disease, cerebral palsy, multiple sclerosis)

- **Dose**: 15-75 units per gland (max 2 injections per side)
- **Interval between Treatments**: 16-24 weeks

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 chart notes.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

REVISED/UPDATED: ~~8/1/2017~~; ~~12/27/2017~~; ~~8/17/2018~~; ~~10/8/2018~~; **(Reformatted) 2/4/2019**