

OPTIMA HEALTH PLAN

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 1-844-202-5034. 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. Authorization process will be delayed if complete.

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 >2year 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 hallucis longus: 70 units to 200 units (*1 injection per muscle*)

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*)

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Upper Limb Spasticity (continued from previous page) (Dose: 500 – 1,000 units divided among selected muscles):

- 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:

Briova SpecialtyRx

*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 #: _____

*Approved by Pharmacy and Therapeutics Committee: 11/18/2010;

REVISED/UPDATED: 8/11/2011; 8/22/2011; 8/30/2011; 3/28/2012; 4/19/2012; 3/21/2013; 4/11/2014; 8/20/2014; 10/31/2014; 4/3/2015; 9/10/15; 12/22/2015; 1/29/2016; 9/9/16; 9/22/2016; 12/12/2016; 7/24/2017; 12/12/2017