

# 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 or circle diagnosis below. Appropriate diagnosis must be identified to qualify. Authorization process will be delayed if incomplete.

- 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.)
  - Gastrocnemius: 6 to 9 units/kg
  - Soleus: 4 to 6 units/kg
  - Total 10-15 units/kg divided across both muscles
- 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 (eg, 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

*(continued on next page)*

- 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:

OhioHealth 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; 9/13/2017;**