

OPTIMA HEALTH PLAN

PHARMACY 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**

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: 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 #: _____

***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; 11/15/2016; 12/12/2016; 7/24/2017.