

SENTARA COMMUNITY PLAN (MEDICAID)

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 1-844-305-2331. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If information provided is not complete, correct, or legible, authorization can be delayed.

Botulinum Toxin Injections[®], Type A

Drug Requested: Botox[®] (onabotulinumtoxinA) (J0585) (Medical)
(Chronic Migraine Headache Prophylaxis)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

- **Max quantity limits:** 155 units once every 12 weeks
- **Cosmetic indications are EXCLUDED**

NOTE: In treating adult patients for one or more indications, the maximum cumulative dose should not exceed 400 units, in a 3-month interval. In pediatric patients, the total dose should not exceed the lower of 10 units/kg body weight or 340 units, in a 3-month interval.

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CLINICAL CRITERIA: Check below all that apply. **All criteria must be met for approval.** To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Diagnosis: Chronic Migraine Headache Prophylaxis

Initial Authorization: 12 months

- Has the member been approved for Botox previously through the Health Plan pharmacy department?
 Yes No
- Member must be ≥ 18 years of age
- Member experiences ≥ 15 headache days per month
- Member experiences headaches which last ≥ 4 hours per day
- Member must have failed a **2-month trial of at least one medication from TWO (2) different migraine prophylactic classes** supported by American Headache Society/American Academy of Neurology treatment guidelines 2012/2015/2021/2024, Level A and B evidence; ICSI 2013, high quality evidence (**verified by pharmacy paid claims or submitted chart notes**):
 - Anticonvulsants (divalproex, valproate, topiramate)
 - Beta blockers (atenolol, metoprolol, nadolol, propranolol, timolol)
 - Antidepressants (amitriptyline, venlafaxine)
 - Angiotensin II receptor blocker (candesartan) ***requires prior authorization***
 - Injectable CGRP inhibitors (Aimovig[®], Emgality[®], Ajovy[®]) or oral CGRP inhibitors indicated for migraine prevention (Qulipta[™], Nurtec ODT[™]) *** requires prior authorization***
- Member has been evaluated for medication overuse headache (MOH) (defined as headaches occurring greater than or equal to 15 days per month. It develops as a consequence of regular overuse of acute or symptomatic headache medication for more than 3 months)
- Treatment will include a plan to taper off the offending medication if MOH is diagnosed

Reauthorization: 12 months. Check below all that apply. **All criteria must be met for approval.** To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- Member has experienced a positive response to therapy, demonstrated by a reduction in headache frequency
- Use of acute migraine medications (e.g., NSAIDs, triptans) has decreased since the start of Botox[®]
- Member continues to be monitored for medication overuse headache (MOH)

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Medication being provided by (check box below that applies):

- Physician's office **OR** Specialty Pharmacy – Proprium Rx

For urgent reviews: Practitioner should call Sentara Health Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara Health's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

*****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.****