

OPTIMA HEALTH 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 1-804-799-5118. 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 will 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 Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code: _____

Weight: _____ Date: _____

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

Optima considers the use of concomitant therapy with CGRP antagonists and Botox[®] to be experimental and investigational. Safety and efficacy of these combinations has not been established and will not be permitted. In the event a member has an active Botox[®] authorization on file, all subsequent requests injectable or oral CGRP antagonists indicated for migraine prevention will not be approved.

- 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.

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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 Approval: 12 months

- Has the member been approved for Botox previously through the Optima 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, 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)
 - 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 Approval: 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)
- Botox[®] will **NOT** be used in combination with another CGRP inhibitor indicated for migraine prevention.

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