

**OPTIMA HEALTH COMMUNITY CARE
AND
OPTIMA FAMILY CARE
(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 can be delayed.

Botulinum Toxin Injections[®], Type A (Medical)

Drug Requested: BOTOX[®] (onabotulinumtoxinA) (J0585)
{Upper Limb Spasticity (ULS) & Lower Limb Spasticity (LLS)}

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/Quantity: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code: _____

• Cosmetic indications are **EXCLUDED.**

☐ 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.

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.

☐ **Single Arm Upper Limb Spasticity** **OR** ☐ **Both Arms Upper Limb Spasticity**

☐ **Anterior Arm**

☐ Biceps Brachii (100-200 units divided in 4 sites)

(Continued on next page)

- ☐ Flexor Carpi Radialis (12.5 - 50 units)
- ☐ Flexor Carpi Ulnaris (12.5 – 50 units)
- ☐ Flexor Pollicis Longus (20 units)
- ☐ **Posterior Arm**
 - ☐ Flexor Digitorum Profundus (30-50 units)
 - ☐ Flexor Digitorum Sublimis (30-50 units)
- ☐ **Adductor Pollicis** (20 units)
- ☐ **Lower Limb Spasticity** (300 – 400 units divided among 5 muscles)
 - ☐ Gastrocnemius Medial Head (75 units)
 - ☐ Gastrocnemius Lateral Head (75 units)
 - ☐ Soleus (75 units)
 - ☐ Tibialis Posterior (75 units)
 - ☐ Flexor Halluces Longus (50 units)
 - ☐ Flexor Digitorum Longus (50 units)

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

- ☐ Physician's office **OR** ☐ Specialty Pharmacy - PropriumRx

For urgent reviews: Practitioner should call Optima Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Optima'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 charts.****