

# 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.

**Drug Requested:** Daxxify<sup>®</sup> (daxibotulinumtoxinA-lanm) (J0589) (Medical)

**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: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

Drug Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Weight: \_\_\_\_\_ Date: \_\_\_\_\_

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.

• **Cosmetic indications are EXCLUDED**

**Recommended Dosing:** IM: Inject 125 to 250 units as a divided dose among affected muscles. Dose and number of injection sites should be individualized based on prior treatment, response, duration of effect, and adverse events. Dosage may be adjusted in 50- to 75-unit increments based on individual response; total recommended dose in a single treatment session: 125 to 250 units. Do not administer more frequently than every 3 months.

**Maximum Quantity Limits:** 250 units in a 3-month period

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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.

- Medication has been prescribed for the treatment of Cervical dystonia (spasmodic torticollis)
- Requested dosing is in accordance with the United States Food and Drug Administration (i.e., up to 250 cumulative units in a 3-month period)
- Member is **NOT** currently receiving therapy with another neuromuscular blocker agent, toxin (e.g., Botox<sup>®</sup>, Dysport<sup>®</sup>, Myobloc<sup>®</sup>, Xeomin<sup>®</sup>)

**Medication being provided by (check applicable box(es) below):**

- Physician's office                      OR                       Specialty Pharmacy – Proprium Rx

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