

SENTARA HEALTH PLANS

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 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Botulinum Toxin Injections®, Type A

Drug Requested: Botox® (onabotulinumtoxinA)

For Upper Limb Spasticity (ULS) & Lower Limb Spasticity (LLS)

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 Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code: _____

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

- 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.

(Continued on next page)

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.

- ☐ Member has **ONE** of the following diagnoses:
- ☐ **Single Arm Upper Limb Spasticity** **OR** ☐ **Both Arms Upper Limb Spasticity**
- ☐ Provider must identify location of spasticity
- ☐ **Anterior Arm**
- ☐ Biceps Brachii (100 – 200 units divided in 4 sites)
- ☐ 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)
- ☐ Provider must identify location of spasticity:
- ☐ 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: Please check applicable box below.

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

*****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.****