SENTARA COMMUNITY PLAN (MEDICAID)

MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

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

Botulinum Toxin Injections®, Type B

<u>Drug Requested</u>: Myobloc[®] (rimabotulinumtoxinB) (J0587) (Medical)

provided or request may be denied.

MEMBER & PRESCRIBER IN	NFORMATION: Authorization may be delayed if incomplete.
Member Name:	
Member Sentara #:	
Prescriber Name:	
Prescriber Signature:	Date:
Office Contact Name:	
Phone Number:	Fax Number:
DEA OR NPI #:	
DRUG INFORMATION: Author	
Drug Form/Strength:	
	Length of Therapy:
Diagnosis:	ICD Code, if applicable:
Weight:	Date:
	box, the timeframe does not jeopardize the life or health of the member aximum function and would not subject the member to severe pain.
• Cosmetic indications are EXC	CLUDED.
	below all that apply. All criteria must be met for approval. To nation, including lab results, diagnostics, and/or chart notes, must be

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	☐ Cervical Dystonia (spasmodic torticollis) and Mixed Cervical Dystonia:				
	□ Initial Dose				
			Botulinum-Naïve Patients : 2500 units intramuscularly in divided doses among affected muscles		
			Botulinum-Experienced Patients : 2500-5000 units intramuscularly in divided doses among affected muscles		
			Max total dose: 10000 units in a 12-week period		
			Re-treatment interval should not be less than 12 weeks		
	Drooling due to neurologic diseases (i.e. ALS, Parkinson's disease, cerebral palsy, multiple sclerosis):				
		Men	mber has a documented diagnosis of drooling or chronic sialorrhea		
			eatment failure with glycopyrrolate or scopolamine patches, or documentation of clinical appropriateness of treatment with anticholinergic medications		
		Dose	e: 250-1000 units per gland (max 1 injection per side)		
		Inte	erval Between Treatments: 16-24 weeks		
Medication being provided by (check applicable box(es) below):					
	Ph	ysicia	an's office OR		

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. *