

# SENTARA COMMUNITY PLAN (MEDICAID)

## 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<sup>®</sup>, Type A (Pharmacy)

**Drug Requested:** BOTOX<sup>®</sup> (onabotulinumtoxinA)  
{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: \_\_\_\_\_

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: \_\_\_\_\_

- 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.

**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.

- Has the member been approved for Botox previously through the Sentara Health Plans medical department?

Yes  No

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- Single Arm Upper Limb Spasticity**    OR     **Both Arms Upper Limb 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)
    - 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**

***\*\*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.\****