

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

BOTULINUM TOXINS

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF MEDICAL NECESSITY TO 855-828-4992 note the new fax number

CRITERIA (for access through a pharmacy):

- Used for patients age 12 and above
- Submit documentation of previous or current treatments for the indication for which prior authorization is requested
- **Approved for DOCUMENTED diagnosis of:**

Botox (onabotulinum toxin a)	Dysport (abobotulinum toxin a)	Xeomin (incobotulinum toxin a)	Myobloc (rimabotulinum toxin b)
Cervical Dystonia	Cervical Dystonia	Cervical Dystonia	Cervical Dystonia
Strabismus		Blepharospasm (with previous Botox treatment)	
Blepharospasm			

- Botox is also covered for
 - prophylaxis of chronic migraines (15 or more per month, with headache lasting 4 hours per day or longer) in adult patients age 18 and older.
 - treatment of upper limb spasticity (of the biceps, flexor carpi radialis, flexor carpi unlaris, flexor digitorum profundus, and/or flexor digitorum sublimis) in adult patients age 18 and older.

NON COVERED USE:

Botulinium Toxin is not covered for any cosmetic or off-label uses. These include primary axillary hyperhidrosis, sialorrhea, and gastroparesis.

Information:

- These products are available for physician use in the office with the appropriate Jcodes **without** a PA.
- These products may be obtained through a pharmacy with a prior authorization.
- Treatment regimen is every 3 months.
- Maximum approved doses per six month PA period are:

Botox	Dysport	Xeomin	Myobloc
600 units / 6 months	2,000 units / 6 months	240 units / 6 months	20,000 units / 6 months

AUTHORIZATION:

6 months

RE-AUTHORIZATION: 6 months with documentation of progress of patient.