

# AvMed

## 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 1-877-535-1391. 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.

**For Medicare Members:** Medicare Coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Additional indications may be covered at the discretion of the health plan.

### Botulinum Toxin Injections<sup>®</sup>, Type A (Medical)

**Drug Requested:** Dysport<sup>®</sup> (abotulinumtoxinA) (J0586)

**MEMBER & PRESCRIBER INFORMATION:** Authorization may be delayed if incomplete.

Member Name: \_\_\_\_\_

Member AvMed #: \_\_\_\_\_ 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 Name/Form/Strength: \_\_\_\_\_

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

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

Weight (if applicable): \_\_\_\_\_ Date weight obtained: \_\_\_\_\_

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.**

**CLINICAL DIAGNOSIS AND 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.

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**Pediatric Lower Limb Spasticity >2year old**

(Total dose per treatment session would be 10 -15 units/kg for unilateral lower limb injections or 20 - 30 units/kg for bilateral lower limb injections.

Total dose administered per treatment session must not exceed 15 units/kg for unilateral lower limb injections or 30 units/kg for bilateral lower limb injections or 1000 units, whichever is lower.)

- Interval between treatments:** 12-16 weeks, some patients had a longer duration of response
- Gastrocnemius: 6 to 9 units/kg (**up to 4 injections per muscle**)
- Soleus: 4 to 6 units/kg (**up to 2 injections per muscle**)
- Total 10-15 units/kg divided across both muscles (**up to 6 injections total**)

**Diagnosis - Adult Lower Limb Spasticity**

- Dose** should **not** exceed 1500 units divided among selected muscles per treatment session
- Interval between Treatments:** no sooner than 12 weeks after the previous injection, majority of patients retreated between 12-16 weeks
- Gastrocnemius:
  - Medial Head:** 100 units to 150 units (**1 injection per muscle**)
  - Lateral Head:** 100 units to 150 units (**1 injection per muscle**)
- Soleus: 330 units to 500 units (**3 injection per muscle**)
- Tibialis posterior: 200 units to 300 units (**1 injection per muscle**)
- Flexor digitorum longus: 130 units to 200 units (**1 to 2 injections per muscle**)
- Flexor hallucis longus: 70 units to 200 units (**1 injection per muscle**)

**Diagnosis - Upper Limb Spasticity:**

- Dose:** 500 to 1,000 units divided among selected muscles
- Interval between Treatments:** 12-16 weeks some patients had a longer duration of response (**e.g., 20 weeks**)
- Brachialis: 200 to 400 units (**1 to 2 injections per muscle**)
- Brachioradialis: 100 to 200 units (**1 to 2 injections per muscle**)
- Biceps brachii: 200 to 400 units (**1 to 2 injections per muscle**)
- Flexor carpi radialis: 100 to 200 units (**1 to 2 injections per muscle**)
- Flexor carpi ulnaris: 100 to 200 units (**1 to 2 injections per muscle**)
- Flexor digitorum profundus: 100 to 200 units (**1 to 2 injections per muscle**)
- Pronator teres: 100 to 200 units (**1 injection per muscle**)

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**Diagnosis - Anal Fissures**

- Dose:** 90-150 units intramuscularly in 2 divided doses

**Diagnosis - Cervical Dystonia (spasmodic torticollis) and Mixed Cervical Dystonia**

- Initial Dose:** 500 units intramuscularly in divided doses among affected muscles
- Titrate in 250 unit increments for total dose (i.e. 500 units total → 750 units total) every 12 weeks
- Max total dose:** 1000 units in 12 week period
- Re-treatment interval should not be less than 12 weeks

**Diagnosis - Cerebral Palsy – Spasticity** (including diplegia, hemiplegia, paraplegia, or quadriplegia)

- Dose** Range: 8-30 units/kg in divided doses among affected muscles
- Max Dose Studied:** 750 units in divided doses among affected muscles

**Diagnosis - Drooling due to neurologic diseases** (i.e., ALS, Parkinson's disease, cerebral palsy, multiple sclerosis)

- Member has a documented diagnosis of drooling or chronic sialorrhea
- Treatment failure with glycopyrrolate or scopolamine patches, or documentation of clinical inappropriateness of treatment with anticholinergic medications
- Dose:** 15-75 units per gland (max 2 injections per side)
- Interval between Treatments:** 16-24 weeks

**Medication being provided by (check box below that applies):**

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

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