

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 1-844-668-1550**. 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[®], Type B

Drug Requested: Myobloc[®] (rimabotulinumtoxinB) (J0587) (Medical)

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: _____

• Cosmetic indications are **EXCLUDED**.

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.

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.

(Continued on next page)

- 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):
 - 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:** 250-1000 units per gland (**max 1 injection per side**)
 - Interval Between Treatments:** 16-24 weeks

Medication being provided by (check below box 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.****