



Botox

Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-855-330-1720.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-888-877-0518**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

Referring Provider Info: Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Rendering Provider Info: Same as Referring Provider Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Required Demographic Information:

Patient Weight: _____ kg

Patient Height: _____ cm

Please indicate the place of service for the requested drug:

- Ambulatory Surgical Home Off Campus Outpatient Hospital
 On Campus Outpatient Hospital Office Pharmacy

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

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Criteria Questions:

1. What is the diagnosis?
 - Cervical dystonia (e.g., torticollis)
 - First bite syndrome
 - Chronic migraine prophylaxis
 - Strabismus
 - Chronic anal fissures
 - Excessive salivation (chronic sialorrhea, ptyalism)
 - Spasmodic dysphonia (laryngeal dystonia)
 - Myofascial pain syndrome
 - Facial myokymia
 - Painful bruxism
 - Hirschsprung disease with internal sphincter achalasia
 - Blepharospasm, including blepharospasm associated with dystonia and benign essential blepharospasm
 - Primary axillary, palmar, or gustatory (Frey's syndrome) hyperhidrosis
 - Urinary incontinence associated with a neurologic condition (e.g., spinal cord injury, multiple sclerosis)
 - Other _____
2. What is the ICD-10 code? _____
3. Is therapy prescribed for cosmetic purposes (e.g., treatment of wrinkles or uncorrected congenital strabismus and no binocular fusion)? Yes No

- Upper limb spasticity
- Lower limb spasticity
- Overactive bladder with urinary incontinence
- Achalasia
- Essential tremor
- Hemifacial spasm
- Oromandibular dystonia
- Focal hand dystonia
- Orofacial tardive dyskinesia
- Palatal myoclonus

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Chronic Migraine Prophylaxis

4. Is this request for continuation of therapy? Yes No *If No, skip to #6*
5. Has the patient achieved or maintained a reduction in monthly headache frequency since starting therapy with Botox? Yes No *No further questions*
6. Prior to initiating therapy, how many days per month does (did) the patient experience headaches? _____ days
7. Do (did) the patient's headaches last 4 hours or longer on at least 8 days per month? Yes No
8. Has the patient completed an adequate trial of 3 oral migraine preventative therapies coming from at least 2 of the following classes? *If Yes, skip to #11* Yes No
 - a) Antidepressants (e.g., amitriptyline, venlafaxine)
 - b) Antiepileptic drugs (AEDs) (e.g., divalproex sodium, topiramate, valproate sodium)
 - c) Beta-adrenergic blocking agents (e.g., metoprolol, propranolol, timolol, atenolol, nadolol)
9. Does the patient have a contraindication to any of the following classes?
Indicate ALL that apply and, if all three, skip to #12.
 - Antidepressants (e.g., amitriptyline, venlafaxine)
 - Antiepileptic drugs (AEDs) (e.g., divalproex sodium, topiramate, valproate sodium)
 - Beta-adrenergic blocking agents (e.g., metoprolol, propranolol, timolol, atenolol, nadolol)
 - None of the above
10. Has the patient tried oral migraine preventative therapy from one of the following classes?
 - Antidepressants (e.g., amitriptyline, venlafaxine)
 - Antiepileptic drugs (AEDs) (e.g., divalproex sodium, topiramate, valproate sodium)
 - Beta-adrenergic blocking agents (e.g., metoprolol, propranolol, timolol, atenolol, nadolol)
 - None of the above
11. How many days was the trial of each medication? _____
12. Does the patient have signs and symptoms consistent with chronic migraine criteria as defined by the International Headache Society (IHS)? Yes No

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Section B: Cervical Dystonia

13. Is the patient an adult? Yes No
14. Prior to initiating therapy with Botox, was/is there abnormal placement of the head with limited range of motion in the neck? Yes No

Section C: Overactive Bladder with Urinary Incontinence

15. Prior to initiating therapy with Botox - along with urinary incontinence, does (did) the patient experience urgency and frequency? Yes No
16. Has the patient tried and failed behavioral therapy? Yes No
17. Has the patient had an inadequate response or experienced intolerance to at least two anticholinergic medications (examples: Vesicare [solifenacin], Enablex [darifenacin], Toviaz [fesoterodine], Detrol/Detrol LA [tolterodine], Sanctura/Sanctura XR [trospium], Ditropan XL [oxybutynin])? Yes No

Section D: Primary Axillary, Palmar, or Gustatory (Frey's Syndrome) Hyperhidrosis

18. Has significant disruption of professional and/or social life occurred because of excessive sweating?
 Yes No
19. Has the patient tried topical aluminum chloride or other extra-strength antiperspirants? Yes No
20. Was the topical aluminum chloride or other extra-strength antiperspirant ineffective or result in a severe rash?
 Yes No
21. Is the patient unresponsive or unable to tolerate pharmacotherapy prescribed for excessive sweating (e.g., anticholinergics, beta-blockers, or benzodiazepines)? Yes No

Section E: Strabismus

22. Is interference with the patient's normal visual system likely to occur? Yes No
23. Is the patient likely to have spontaneous recovery? Yes No

Section F: Urinary Incontinence Associated with a Neurologic Condition

24. Has the patient tried and failed behavioral therapy? Yes No
25. Has the patient had an inadequate response or experienced intolerance to an anticholinergic medication (examples: Vesicare [solifenacin], Enablex [darifenacin], Toviaz [fesoterodine], Detrol/Detrol LA [tolterodine], Sanctura/Sanctura XR [trospium], Ditropan XL [oxybutynin])? Yes No

Section G: Achalasia

26. Has the patient tried and failed or is a poor candidate for conventional therapy such as pneumatic dilation and surgical myotomy? Yes No

Section H: Chronic Anal Fissures

27. Has the patient failed to respond to first line therapy for chronic anal fissures such as topical calcium channel blockers or topical nitrates? Yes No

Section I: Excessive Salivation

28. Is the patient refractory to pharmacotherapy (for example, anticholinergics)? Yes No

Section J: Myofascial Pain Syndrome

29. How many of the following treatments has the patient tried and failed for myofascial pain syndrome? _____
- a) Physical therapy
 - b) Injection of local anesthetics into trigger points
 - c) Injection of corticosteroids into trigger points

Section K: Hirschsprung Disease with Internal Sphincter Achalasia

30. Has the patient undergone an endorectal pull through to treat the Hirschsprung disease with internal sphincter achalasia? Yes No
31. Is the patient refractory to laxative therapy? Yes No

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Section L: Orofacial Tardive Dyskinesia

32. Has the patient tried and failed conventional therapies for orofacial tardive dyskinesia (examples: benzodiazepines, clozapine, or tetrabenazine)? Yes No

Section M: Painful Bruxism

33. Did the patient try and have an inadequate response to a night guard? Yes No

34. Did the patient have an inadequate response to pharmacotherapy such as diazepam? Yes No

Section N: Palatal Myoclonus

35. Prior to initiating therapy with Botox - does (did) the patient have disabling symptoms (for example, intrusive clicking tinnitus)? Yes No

36. Did the patient have an inadequate response to clonazepam, lamotrigine, carbamazepine, or valproate? Yes No

Section O: First Bite Syndrome

37. Has the patient failed to experience relief from analgesics, antidepressants, or anticonvulsants? Yes No

Section P: Upper and Lower Limb Spasticity

38. Is the spasticity either the primary diagnosis or a symptom of a condition causing limb spasticity? Yes No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

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