



Botulinum Toxins (Botox, Dysport, Xeomin, Myobloc, Daxxify)

HMSACOM - 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 1-866-237-5512.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-808-254-4414**. 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:** _____
Patient's Phone Number: _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

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

Additional Demographic Information:

Patient Weight: _____ *kg*
Patient Height: _____ *ft* _____ *inches*

Indicate where the drug is being dispensed:

- Office Outpatient Hospital Ambulatory Surgical Inpatient Hospital
- Off Campus Outpatient Hospital Urgent Care Emergency Room Birthing Center
- Military Facility Skilled Nursing Facility Nursing Facility Hospice
- Inpatient Psychiatric Psychiatric Residential Treatment End Stage Renal Facility
- Psychiatric Facility Pharmacy Other

Indicate where the drug is being administered:

- Ambulatory surgical Home Inpatient Hospital
- Office Outpatient Hospital Pharmacy

What is the ICD-10 code? _____

Send completed form to: CVS Caremark Specialty Programs. Fax: 1-866-237-5512

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Criteria Questions:

1. Is therapy prescribed for cosmetic purposes (e.g., treatment of wrinkles)?
 Yes No, *Continue to #2*
 No, *Continue to #2*

2. Is this request for a new start or continuation of therapy with botulinum toxin?
 New start, *Continue to #5*
 Continuation of therapy, *Continue to #3*

3. Was therapy previously authorized by HMSA/CVS for this member?
 Yes, *Continue to #4*
 No, *Continue to #5*
 Unknown, *Continue to #5*

4. What is the prescribed drug?
 Botox, *Continue to #110*
 Dysport, *Continue to #500*
 Xeomin, *Continue to #501*
 Myobloc, *Continue to #502*
 Daxxify, *Continue to #503*

5. What is the prescribed drug?
 Botox, *Continue to #100*
 Dysport, *Continue to #200*
 Xeomin, *Continue to #300*
 Myobloc, *Continue to #400*
 Daxxify, *Continue to #425*

BOTOX

100. What is the patient's diagnosis?
- Chronic migraine prophylaxis, *Continue to #101*
 - Primary axillary hyperhidrosis, *Continue to #115*
 - Spasticity, *Continue to #125*
 - Strabismus, *Continue to #120*
 - Urinary incontinence associated with a neurologic condition (e.g., spinal cord injury, multiple sclerosis), *Continue to #150*
 - Overactive bladder with urinary incontinence, *Continue to #155*
 - Achalasia, *Continue to #130*
 - Blepharospasm, *Continue to #135*
 - Cervical dystonia (e.g., torticollis), *Continue to #140*
 - Chronic anal fissures, *No Further Questions*
 - Dysphagia due to cricopharyngeal dysfunction, *No Further Questions*
 - Essential tremor, *No Further Questions*
 - Excessive salivation secondary to Parkinson's disease, *No Further Questions*
 - Hemifacial spasm, *No Further Questions*
 - Oromandibular dystonia, *No Further Questions*
 - Spasmodic dysphonia (laryngeal dystonia), *No Further Questions*
 - Other, *No Further Questions*

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Botox – Chronic Migraine (Initial)

101. Was therapy previously authorized by HMSA/CVS for this member?

- Yes, *Continue to #110*
 No, *Continue to #102*
 Unknown, *Continue to #102*

102. Is the member 18 years of age or older?

- Yes, *Continue to #103*
 No, *Continue to #103*

103. Does the member experience headaches 15 days or more per month?

- Yes, *Continue to #104*
 No, *Continue to #104*

104. Does the member experience headaches lasting 4 hours or longer on at least 8 days per month?

- Yes, *Continue to #105*
 No, *Continue to #105*

105. Does the member have signs and symptoms consistent with chronic migraine diagnostic criteria as defined by the International Headache Society (IHS)?

- Yes, *Continue to #106*
 No, *Continue to #106*

106. Has the member completed an adequate trial (or has a contraindication to) two migraine preventative therapies coming from at least two of the following drug classes listed below with a trial of each medication at least 60 days in duration?

- Antiepileptic drugs (AEDs) (e.g., divalproex sodium, topiramate, valproate sodium)
- Antidepressants (e.g., amitriptyline, nortriptyline, venlafaxine)
- Beta-adrenergic blocking agents (e.g., metoprolol, propranolol, timolol, atenolol, nadolol)
- Calcitonin gene-related peptide (CGRP)-targeting therapies (e.g., fremanezumab, galcanezumab, eptinezumab, rimegepant, atogepant)

- Yes, *Continue to #107*
 No, *Continue to #107*

107. Please indicate at least TWO of the migraine preventative therapies the member has received or indicate which migraine preventive therapies to which the member has a contraindication. Please fill in the blank if the medication is not listed below. Please also attach documentation (e.g., chart notes) that confirms member previously tried at least 2 oral preventative medications

Antiepileptic drugs

- Divalproex sodium (Depakote, Depakote ER), *No Further Questions*
 Topiramate (Topamax), *No Further Questions*
 Valproate sodium, *No Further Questions*
 Other (fill in the blank) _____, *No Further Questions*

Antidepressants

- Amitriptyline (Elavil), *No Further Questions*
 Venlafaxine (Effexor), *No Further Questions*
 Nortriptyline (Pamelor), *No Further Questions*

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Other (fill in the blank) _____, *No Further Questions*

Beta-blockers

- Atenolol, *No Further Questions*
- Metoprolol, *No Further Questions*
- Propranolol, *No Further Questions*
- Timolol, *No Further Questions*
- Nadolol, *No Further Questions*
- Other (fill in the blank) _____, *No Further Questions*

Calcitonin gene-related peptide (CGRP)-targeting therapies

- Fremanezumab, *No Further Questions*
- Galcanezumab, *No Further Questions*
- Rimegepant, *No Further Questions*
- Atogepant, *No Further Questions*
- Eptinezumab, *No Further Questions*
- Other (fill in the blank) _____, *No Further Questions*

Botox – (Re-authorization)

110. What is the patient's diagnosis?

- Chronic migraine prophylaxis, *Continue to #111*
- Primary axillary hyperhidrosis, *Continue to #504*
- Spasticity, *Continue to #504*
- Strabismus, *Continue to #504*
- Urinary incontinence associated with a neurologic condition (e.g., spinal cord injury, multiple sclerosis), *Continue to #504*
- Overactive bladder with urinary incontinence, *Continue to #504*
- Achalasia, *Continue to #504*
- Blepharospasm, *Continue to #504*
- Cervical dystonia (e.g., torticollis), *Continue to #504*
- Chronic anal fissures, *Continue to #504*
- Dysphagia due to cricopharyngeal dysfunction, *Continue to #504*
- Essential tremor, *Continue to #504*
- Excessive salivation secondary to Parkinson's disease, *Continue to #504*
- Hemifacial spasm, *Continue to #504*
- Oromandibular dystonia, *Continue to #504*
- Spasmodic dysphonia (laryngeal dystonia), *Continue to #504*
- Other, *No Further Questions*

111. Has the patient achieved or maintained a reduction in monthly headache frequency since starting therapy?

- Yes, *No Further Questions*
- No, *No Further Questions*
- Unknown, *No Further Questions*

Botox – Primary axial hyperhidrosis

115. Is the member an adult?

- Yes, *No Further Questions*
- No, *No Further Questions*

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Botox – Strabismus

120. Is the member 12 years of age or older?

- Yes, *No Further Questions*
 No, *No Further Questions*

Botox – Spasticity

125. Is the member 2 years of age or older?

- Yes, *Continue to #126*
 No, *Continue to #126*

126. Does the patient have upper or lower limb spasticity?

- Upper limb spasticity, *No Further Questions*
 Lower limb spasticity, *No Further Questions*
 Other, *No Further Questions*

Botox – Achalasia

130. Has the patient tried and failed, or is a poor candidate for, conventional therapy such as pneumatic dilation and surgical myotomy?

- Yes, *No Further Questions*
 No, *No Further Questions*

Botox – Blepharospasm

135. Has the member been diagnosed with blepharospasm, including blepharospasm associated with dystonia, benign essential blepharospasm or VII nerve disorder?

- Yes, *Continue to #136*
 No, *Continue to #136*

136. Is the patient 12 years of age or older?

- Yes, *No Further Questions*
 No, *No Further Questions*

Botox – Cervical dystonia

140. Does the member have abnormal placement of the head with limited range of motion in the neck?

- Yes, *Continue to #141*
 No, *Continue to #141*

141. Is the patient an adult?

- Yes, *No Further Questions*
 No, *No Further Questions*

Botox – Urinary incontinence associated with a neurologic condition

150. Is the member 5 years of age or older?

- Yes, *Continue to #151*
 No, *Continue to #151*

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151. Has the patient tried and failed behavioral therapy?

- Yes, *Continue to #152*
 No, *Continue to #152*

152. Has the patient had an inadequate response or intolerance to an anticholinergic medication (e.g., Vesicare, Enablex, Toviaz, Detrol/Detrol LA, Sanctura, Ditropan XL) or beta-3 adrenergic agonist (e.g., Myrbetriq)?

- Yes, *No Further Questions*
 No, *No Further Questions*

Botox – Overactive bladder with urinary incontinence

155. Does the member experience overactive bladder with urinary incontinence, urgency and frequency?

- Yes, *Continue to #156*
 No, *Continue to #156*

156. Is the member 18 years of age or older?

- Yes, *Continue to #157*
 No, *Continue to #157*

157. Has the member tried and failed behavioral therapy?

- Yes, *Continue to #158*
 No, *Continue to #158*

158. Has the patient had an inadequate response or intolerance to two agents from either of the following classes: A) Anticholinergic medication (e.g., Vesicare, Enablex, Toviaz, Detrol/Detrol LA, Sanctura, Ditropan XL) or B) Beta-3 adrenergic agonist (e.g., Myrbetriq)?

- Yes, *No Further Questions*
 No, *No Further Questions*

DYSPORT

200. What is the patient's diagnosis?

- Cervical dystonia (e.g., torticollis), *Continue to #201*
 Spasticity, *Continue to #205*
 Blepharospasm, *Continue to #210*
 Other, *No Further Questions*

Dysport – Cervical dystonia

201. Does the member have abnormal placement of the head with limited range of motion in the neck?

- Yes, *Continue to #202*
 No, *Continue to #202*

202. Is the patient an adult?

- Yes, *No Further Questions*
 No, *No Further Questions*

Dysport – Spasticity

205. Is the member 2 years of age or older?

- Yes, *No Further Questions*

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No, *No Further Questions*

Dysport –Blepharospasm

210. Has the member been diagnosed with blepharospasm, including blepharospasm associated with dystonia, benign essential blepharospasm or VII nerve disorder?

Yes, *Continue to #211*

No, *Continue to #211*

211. Is the patient 12 years of age or older?

Yes, *No Further Questions*

No, *No Further Questions*

XEOMIN

300. What is the patient's diagnosis?

Cervical dystonia (e.g., torticollis), *Continue to #301*

Blepharospasm, *Continue to #310*

Upper limb spasticity, *Continue to #305*

Chronic sialorrhea, *Continue to #315*

Other, *No Further Questions*

Xeomin – Cervical dystonia

301. Does the member have abnormal placement of the head with limited range of motion in the neck?

Yes, *Continue to #302*

No, *Continue to #302*

302. Is the patient an adult?

Yes, *No Further Questions*

No, *No Further Questions*

Xeomin – Spasticity

305. Is the member 2 years of age or older?

Yes, *No Further Questions*

No, *No Further Questions*

Xeomin –Blepharospasm

310. Has the member been diagnosed with blepharospasm, including blepharospasm associated with dystonia, benign essential blepharospasm or VII nerve disorder?

Yes, *Continue to #311*

No, *Continue to #311*

311. Is the patient 12 years of age or older?

Yes, *No Further Questions*

No, *No Further Questions*

Xeomin – Chronic sialorrhea

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315. Is the member refractory to pharmacotherapy (e.g., anticholinergics)?

- Yes, *Continue to #316*
 No, *Continue to #316*

316. Is the member 2 years of age or older?

- Yes, *No Further Questions*
 No, *No Further Questions*

MYOBLOC

400. What is the patient's diagnosis?

- Cervical dystonia (e.g., torticollis), *Continue to #401*
 Primary axillary hyperhidrosis, *Continue to #410*
 Upper limb spasticity, *Continue to #415*
 Chronic sialorrhea, *Continue to #405*
 Other, *No Further Questions*

Myobloc – Cervical dystonia

401. Does the member have abnormal placement of the head with limited range of motion in the neck?

- Yes, *Continue to #402*
 No, *Continue to #402*

402. Is the patient an adult?

- Yes, *No Further Questions*
 No, *No Further Questions*

Myobloc – Chronic sialorrhea

405. Is the member refractory to pharmacotherapy (e.g., anticholinergics)?

- Yes, *Continue to #406*
 No, *Continue to #406*

406. Is the member 2 years of age or older?

- Yes, *No Further Questions*
 No, *No Further Questions*

Botox – Primary axial hyperhidrosis

410. Is the member an adult?

- Yes, *No Further Questions*
 No, *No Further Questions*

Xeomin – Spasticity

415. Is the member 2 years of age or older?

- Yes, *No Further Questions*
 No, *No Further Questions*

DAXXIFY

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425. What is the patient's diagnosis?
 Cervical dystonia, *Continue to #426*
 Other, *Continue to #426*

426. Does the member have abnormal placement of the head with limited range of motion in the neck?
 Yes, *Continue to #427*
 No, *Continue to #427*

427. Is the patient an adult?
 Yes, *No Further Questions*
 No, *No Further Questions*

CONTINUATION CRITERIA (except migraine prophylaxis)

500. What is the patient's diagnosis?
 Cervical dystonia (e.g., torticollis), *Continue to #504*
 Spasticity, *Continue to #504*
 Blepharospasm, *Continue to #504*
 Other, *No Further Questions*

501. What is the patient's diagnosis?
 Blepharospasm, *Continue to #504*
 Cervical dystonia (e.g., torticollis), *Continue to #504*
 Upper limb spasticity, *Continue to #504*
 Chronic sialorrhea, *Continue to #504*
 Other, *No Further Questions*

502. What is the patient's diagnosis?
 Cervical dystonia (e.g., torticollis), *Continue to #504*
 Chronic sialorrhea, *Continue to #504*
 Primary axillary hyperhidrosis, *Continue to #504*
 Upper limb spasticity, *Continue to #504*
 Other, *No Further Questions*

503. What is the patient's diagnosis?
 Cervical dystonia (e.g., torticollis), *Continue to #504*
 Other, *Continue to #504*

504. Is the patient benefiting from botulinum toxin therapy?
 Yes, *No Further Questions*
 No, *No Further Questions*

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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