



BOTULINUM TOXINS PRIOR AUTHORIZATION FORM (form effective 1/6/2025)

Prior authorization guidelines for **Botulinum Toxins** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/pharmacy-services.html>.

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	Total # of pages _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:			NPI:	State license #:
LTC facility contact/phone:			Street address:	
Beneficiary name:			City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

CLINICAL INFORMATION

Drug requested:	Units/package size:	Total quantity requested per treatment:
Injection site(s) & dose per site:		
Diagnosis (<u>submit documentation</u>):		Dx code (<u>required</u>):
Dates of previous administration and injection sites (<u>submit documentation</u>):		

**Complete all sections that apply to the beneficiary and this request.
Check all that apply and SUBMIT DOCUMENTATION for each item.**

INITIAL requests

- For a **NON-PREFERRED Botulinum Toxin**:
 - Has a history of trial and failure of or a contraindication or an intolerance to the preferred Botulinum Toxins that are approved or medically accepted for treatment of the beneficiary's diagnosis (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.)
- For a diagnosis of **CHRONIC SPASTICITY**:
 - Has spasticity that interferes with activities of daily living
 - Has spasticity that is expected to result in joint contracture with future growth
 - If the beneficiary has contractures, has been considered for surgical intervention
 - One of the following:
 - Has focal spasticity
 - Is under 18 years of age
 - Is 18 years of age or older and tried and failed or has a contraindication or an intolerance to an oral medication for spasticity



- Botulinum Toxin is prescribed to enhance function or allow for additional therapeutic modalities to be used
- Will use the requested botulinum toxin in conjunction with other appropriate therapeutic modalities (e.g., PT, OT, gradual splinting, etc.)

For a diagnosis of **AXILLARY HYPERHIDROSIS**:

- Tried and failed or has a contraindication or an intolerance to a topical agent such as aluminum chloride 20% solution

For a diagnosis of **CHRONIC MIGRAINE HEADACHE**:

- Has a diagnosis of migraine headache consistent with the current International Headache Society Classification of Headache Disorders
- Migraine headache is not attributable to other causes, such as medication overuse
- Is prescribed the Botulinum Toxin by or in consultation with a headache specialist who is certified in headache medicine by the United Council for Neurologic Subspecialties or a neurologist
- Tried and failed or has a contraindication or an intolerance to at least one drug used for migraine prevention from at least 2 of the following classes:
 - Anticonvulsants (e.g., divalproex, topiramate, valproic acid)
 - Antidepressants (e.g., amitriptyline, venlafaxine)
 - Beta blockers (e.g., metoprolol, propranolol, timolol)
 - CGRP-targeting migraine preventive therapies (e.g., gepants, monoclonal antibodies)

For a diagnosis of **URINARY INCONTINENCE due to detrusor overactivity**:

- Has an associated neurologic condition
- Tried and failed or has a contraindication or an intolerance to an anticholinergic drug used for the treatment of urinary incontinence (e.g., darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine, trospium)

For a diagnosis of **OVERACTIVE BLADDER**:

- Has symptoms of urge urinary incontinence, urgency, and frequency
- Tried and failed or has a contraindication or an intolerance to at least 2 drugs used for the treatment of overactive bladder (e.g., anticholinergics, beta-3 adrenergic agonists)

RENEWAL requests

- Experienced a positive clinical response to the Botulinum Toxin
- One of the following:
 - For the treatment of chronic migraine headache, requires repeat injection to reduce the frequency, severity, or duration of symptoms
 - For the treatment of all other diagnoses, has symptoms that returned to such a degree that repeat injection with Botulinum Toxin is required
- The frequency of injection of Botulinum Toxin exceeds the FDA-approved package labeling
 - The previous treatment was well-tolerated but inadequate
 - The requested dose and increased frequency of injection of Botulinum Toxin are supported by medical literature as safe and effective for the diagnosis
- For a diagnosis of **CHRONIC MIGRAINE HEADACHE**:
 - Is prescribed the Botulinum Toxin by or in consultation with a headache specialist who is certified in headache medicine by the United Council for Neurologic Subspecialties or a neurologist

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:

Date:

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