

# AvMed

## PHARMACY 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 1-305-671-0200**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

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

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

**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**

**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.

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**❑ Diagnosis - Pediatric Lower Limb Spasticity (> 2 years of age)**

(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: Please check applicable box below.**

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

***\*\*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.\****