



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

**Botox/Myobloc/Xeomin/Dysport
(NOT MEDICARE)**

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	Prescriber Name:
	Supervising Physician:
Member/Subscriber Number:	Fax: Phone:
Date of Birth:	Office Contact:
Group Number:	NPI: State Lic ID:
Address:	Address:
City, State ZIP:	City, State ZIP:
Primary Phone:	Specialty/facility name (if applicable):

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Will Botox, Xeomin, or Myobloc be office-administered using provider stock? If YES: Botox, Xeomin, and Myobloc do NOT require a prior authorization. **Please note that claims for Botox, Xeomin, and Myobloc will still be subject to medical claims edits.

Yes No

Q2. Please indicate which drug is being requested.

Botox Dysport Myobloc Xeomin

Q3. If request is for Dysport, has patient failed, have a contraindication, or intolerance to Botox and Xeomin?

Yes No

Q4. Is Botox, Xeomin, or Myobloc being used for any of the following diagnosis codes?

Hereditary spastic paraplegia: ICD-10 G11.4

Acute dystonia due to drugs: ICD-10 G24.02

Genetic torsion dystonia: ICD-10 G24.1

Spasmodic torticollis: ICD-10 G24.3

Orofacial dyskinesia: ICD-10 G24.4

Blepharospasm: G24.5

Other acquired torsion dystonia: ICD-10 G24.8



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<ul style="list-style-type: none"><input type="checkbox"/> Other fragments of torsion dystonia: ICD-10 G24.9<input type="checkbox"/> Essential and other specified and unspecified forms of tremor: ICD-10 G25.0-G25.2<input type="checkbox"/> Myoclonus: ICD-10 G25.3<input type="checkbox"/> Organic writers' cramp: ICD-10 G25.89<input type="checkbox"/> Multiple sclerosis: ICD-10 G35<input type="checkbox"/> Neuromyelitis optica, Schilder's disease, Acute (transverse) myelitis, Demyelinating disease of central nervous system, unspecified, Other, unspecified demyelinating diseases of central nervous system Schilder's disease, Spastic hemiplegia: ICD-10 G36.0, G37.0, G37.3, G37.5, G37.9<input type="checkbox"/> Other demyelinating diseases of central nervous system: ICD-10 G37.1, G37.2, G37.8<input type="checkbox"/> Idiopathic transverse myelitis: ICD-10 G37.3<input type="checkbox"/> Migraine with aura, with intractable migraine, so stated, without mention of status migrainosus: ICD-10 G43.011<input type="checkbox"/> Migraine without aura, with intractable migraine, so stated, with status migrainosus: ICD-10 G43.019<input type="checkbox"/> Migraine with aura, with intractable migraine, so stated, with status migrainosus: ICD-10 G43.111<input type="checkbox"/> Migraine without aura, with intractable migraine, so stated, without mention of status migrainosus: ICD-10 G43.119<input type="checkbox"/> Chronic migraine without aura, w/out mention of intractable migraine w/out mention of status migrainosus, Chronic migraine without aura, with intractable migraine, so stated, without mention of status migrainosus, Chronic migraine without aura, without mention of intractable migraine with status migrainosus, Chronic migraine without aura, with intractable migraine, so stated, with status migrainosus: ICD-10 G43.709, G43.719, G43.701, G43.711<input type="checkbox"/> Other facial nerve disorder; facial spasm: ICD-10 G51.2, G51.4, G51.8<input type="checkbox"/> Congenital diplegia, Congenital hemiplegia, Congenital quadriplegia, Congenital monoplegia, Infantile hemiplegia, Other specified infantile cerebral palsy, Infantile cerebral palsy, unspecified: ICD-10 G80.0-G80.9<input type="checkbox"/> Athetoid cerebral palsy: ICD-10 G80.3<input type="checkbox"/> Spastic hemiplegia and hemiparesis affecting unspecified side, Spastic hemiplegia and hemiparesis affecting dominant side, Spastic hemiplegia and hemiparesis affecting nondominant side: ICD-10 G81.10-G81.14<input type="checkbox"/> Quadriplegia and quadraparesis, Quadriplegia, unspecified, Paraplegia, Diplegia of upper limbs, Monoplegia of lower limb, Monoplegia of upper limb, Unspecified monoplegia: ICD-10 G82.20 - G82.22, G82.50, G83.0, G83.10 - G83.34<input type="checkbox"/> Paralytic strabismus: ICD-10 H49.881 - H49.889<input type="checkbox"/> Esotropia: ICD-10 H50.00 - H50.08<input type="checkbox"/> Exotropia: ICD-10 H50.10 - H50.18<input type="checkbox"/> Intermittent heterotropia: ICD-10 H50.30 - H50.34<input type="checkbox"/> Other and unspecified heterotropia: ICD-10 H50.40 - H50.43<input type="checkbox"/> Heterophoria: ICD-10 H50.50 - 50.55<input type="checkbox"/> Mechanical strabismus: ICD-10 H50.60 - H50.69<input type="checkbox"/> Other specified strabismus: ICD-10 H50.81, H50.89
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- Other disorders of binocular eye movements: ICD-10 H51.0 - H51.8
Unspecified disorder of eye movement: ICD-10 H51.9
Monoplegia of upper limb, Late effects of cerebrovascular disease, monoplegia of upper limb affecting unspecified side, Late effects of cerebrovascular disease, monoplegia of upper limb affecting dominant side, Late effects of cerebrovascular disease, monoplegia of upper limb affecting nondominant side, Monoplegia of lower limb, Late effects of cerebrovascular disease, monoplegia of lower limb affecting unspecified side, Late effects of cerebrovascular disease, monoplegia of lower limb affecting dominant side, Late effects of cerebrovascular disease, monoplegia of lower limb affecting nondominant side, Late effects of cerebrovascular disease, cognitive deficits, Speech and language deficits, Late effects of cerebrovascular disease, speech and language deficit, unspecified, Late effects of cerebrovascular disease, aphasia, Late effects of cerebrovascular disease, dysphasia, Late effects of cerebrovascular disease, dysarthria, Late effects of cerebrovascular disease, fluency disorder, Late effects of cerebrovascular disease, other speech and language deficits, Hemiplegia/hemiparesis, Late effects of cerebrovascular disease, hemiplegia affecting unspecified side, Late effects of cerebrovascular disease, hemiplegia affecting dominant side, Late effects of cerebrovascular disease, hemiplegia affecting nondominant side: ICD-10 I69.30 - I69.959
Other paralytic syndrome, Late effects of cerebrovascular disease, other paralytic syndrome affecting unspecified side, Late effects of cerebrovascular disease, other paralytic syndrome affecting dominant side, effects of cerebrovascular disease, other paralytic syndrome affecting nondominant side, effects of cerebrovascular disease, other paralytic syndrome, bilateral Other late effects of cerebrovascular disease: ICD-10 I69.961 - I69.998
Laryngeal spasm: ICD-10 J38.5
Other disease of the larynx (dysphonia spastica): ICD-10 J38.7
Other diseases of pharynx or nasopharynx: ICD-10 J39.0 - J39.2
Disturbance of salivary secretion: ICD-10 K11.7, R68.2
Achalasia and cardiospasm: ICD-10 K22.2
Diaphragmatic hernia without mention of obstruction or gangrene: ICD-10 K44.9
Anal spasm: ICD-10 K59.4
Anal fissure: ICD-10 K60.0 - K60.2
Focal hyperhidrosis, Primary focal hyperhidrosis, Secondary focal hyperhidrosis: ICD-10 L74.510, L74.52, R61
Torticollis, unspecified: ICD-10 M43.6
Other functional disorders of bladder, Hypertonicity of bladder, bladder compliance, Paralysis of bladder, Neurogenic bladder NOS, Detrusor sphincter dyssynergia: ICD-10 N31.0 - N31.9, N32.81, N36.44
Urge incontinence: ICD-10 N39.41
Mixed incontinence (male) (female), Incontinence without sensory awareness: ICD-10 N39.46, N39.42
Other urinary incontinence: ICD-10 N39.498
Hirschsprung's disease and other congenital functional disorders of colon: ICD-10 Q43.1, Q43.0 - Q43.8



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Form with fields for Patient Name, Prescriber Name, Supervising Physician, and checkboxes for medical conditions (Urinary frequency, Functional urinary incontinence, Dysphonia, Other voice and resonance disorder, Other). Includes questions Q5, Q6, and Q7 for diagnosis and comments.

Prescriber Signature

Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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