

Botulinum Toxin

Botulinum Toxin Medical Policy – RX501.019

This form does not address use in treatment of hyperhidrosis

Please complete all appropriate questions fully.

Suggested medical record documentation:

- Current History & Physical
- Progress Notes

***Failure to include suggested medical record documentation may result in delay or possible denial of request.**

PATIENT INFORMATION

Name:	Member ID	Group ID
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PROCEDURE INFORMATION

Requesting authorization for:

- OnabotulinumtoxinA (Botox[®]) – Section I
- AbobotulinumtoxinA (Dysport[™]) – Section II
- IncobotulinumtoxinA (Xeomin[®]) – Section III
- RimabotulinumtoxinB (Myobloc[®]) – Section IV

Section I – OnabotulinumtoxinA (Botox[®])

Diagnosis:

- Achalasia

Surgical candidate: Yes No

Prior treatments/response: _____

- Anal fissure, chronic
- Blepharospasm
- Cervical Dystonia with:
 - Sustained head tilt: Yes No
 - Abnormal posturing with limited range of motion in the neck: Yes No
 - History of recurrent involuntary contraction of ≥ 1 muscle(s) of the neck: Yes No
- Dystonia associated with functional impairment and/or pain:
 - Yes (Describe): _____ No
 - due to:
 - Hereditary spastic paraplegia
 - Idiopathic (primary or genetic) torsion dystonia
 - Infantile cerebral palsy
 - Organic writer's cramp
 - Oromandibular dyskinesia
 - Neuromyelitis optica
 - Schilder's disease
 - Spastic hemiplegia
 - Spasticity related to stroke
 - Symptomatic (acquired) torsion dystonia
- Facial nerve (7th cranial nerve) disorders

- Migraine; chronic
Date diagnosed: _____
- Frequency/duration of headaches: _____
Prior treatments/response: _____

- Multiple Sclerosis
 Overactive Bladder
Symptoms: _____
Prior treatments/response: _____

- Sialorrhea associated with advanced Parkinson's disease
 Spasmodic dysphonia: Initial treatment Maintenance or continuing treatment
If initial treatment, diagnosis affirmed by laryngoscopy/video stroboscopy: Yes No
 Spinal cord or traumatic brain injury
 Strabismus
 Upper Limb Spasticity
Site(s): _____
- Urinary incontinence due to detrusor overactivity
Prior treatments/response: _____

- Other: _____

Section II – AbobotulinumtoxinA (Dysport™)

Diagnosis:

- Achalasia
Surgical candidate: Yes No
Prior treatments/response: _____

- Blepharospasm
 Cervical Dystonia with:
Sustained head tilt: Yes No
Abnormal posturing with limited range of motion in the neck: Yes No
History of recurrent involuntary contraction of ≥1 muscle(s) of the neck: Yes No
 Facial nerve (7th cranial nerve) disorders
 Spasticity related to cerebral palsy or stroke
 Other: _____

Section III – IncobotulinumtoxinA (Xeomin®)

Diagnosis:

- Blepharospasm
Previously treated with onabotulinumtoxinA (Botox®): Yes No
Date(s): _____
- Cervical Dystonia with:
Sustained head tilt: Yes No
Abnormal posturing with limited range of motion in the neck: Yes No
History of recurrent involuntary contraction of ≥1 muscle(s) of the neck: Yes No
 Other: _____

Section IV – RimabotulinumtoxinB (Myobloc®)

Diagnosis:

- Cervical Dystonia with:
 - Sustained head tilt: Yes No
 - Abnormal posturing with limited range of motion in the neck: Yes No
 - History of recurrent involuntary contraction of ≥ 1 muscle(s) of the neck: Yes No
- Sialorrhea associated with advanced Parkinson's disease
- Other: _____

Practitioner Name Printed

Practitioner Signature

NPI Number

Date

Last modified 06/2013