



**Neuro-Muscular Blockers**  
**Botox (onabotulinumtoxin) J0585,**  
**Dysport (abobotulinumtoxin A) J0586,**  
**Myobloc (rimabotulinumtoxin B) J0587,**  
**Xeomin (incobotulinumtoxin A) J0588**  
**Prior Authorization Request**  
**Medicare Part B Form**

*Instructions: \* Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.*

<input type="checkbox"/>	<b>NEW START - Start Date:</b> _____	<input type="checkbox"/>	<b>Continuation</b> (within 365 days): Date of last treatment _____
<input type="checkbox"/>	Date Requested _____		
	Requestor _____	Clinic name: _____	Phone _____ / Fax _____

**MEMBER INFORMATION**

\*Name: \_\_\_\_\_ \*ID#: \_\_\_\_\_ \*DOB: \_\_\_\_\_

**PRESCRIBER INFORMATION**

\*Name: \_\_\_\_\_  MD  FNP  DO  NP  PA \*Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Fax: \_\_\_\_\_

**DISPENSING PROVIDER / ADMINISTRATION INFORMATION**

\*Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**PROCEDURE / PRODUCT INFORMATION**

HCPC Code	Name of Drug <input type="checkbox"/> Self-administered	Dose (Wt: _____ kg Ht: _____ )	Frequency	End Date if known

Chart notes attached. **Other important information:** \_\_\_\_\_

**Diagnosis: ICD10:** \_\_\_\_\_ **Description:** \_\_\_\_\_

Provider attests the diagnosis provided is an FDA-Approved indication for this drug

**CLINICAL INFORMATION**

New Start or Initial Request: (Clinical documentation required for all requests)  
 **Provider has reviewed the attached “Criteria for Approval” and attests the member meets ALL required PA criteria.**  
 If not, please provide **clinical rationale** for formulary exception: \_\_\_\_\_

Continuation Requests: (Clinical documentation required for all requests)  
 **Provider has reviewed the attached “Criteria for Continuation” and attests the member meets ALL required PA Continuation criteria.**  
 Patient had an adequate response or significant improvement while on this medication.  
 If not, please provide clinical rationale for continuing this medication: \_\_\_\_\_

**ACKNOWLEDGEMENT**

**Request By (Signature Required):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT. PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.**

## Prior Authorization Group – Neuro-Muscular Blockers PA

### Drug Name(s):

**BOTOX (onabotulinumtoxin)**  
**DYSPORT (abobotulinumtoxin A),**  
**MYOBLOC (rimabotulinumtoxin B),**  
**XEOMIN (incobotulinumtoxin A)**

### Criteria for approval of Prior Authorization Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Patient does not have an infection at the proposed injection site
3. Drug is being used appropriately per MCG GUIDELINES, CMS recognized compendia, authoritative medical literature, evidence-based guidelines and/or accepted standards of medical practice.
4. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
  - If the member meets all these criteria, they may be approved by the Plan for the requested drug.
  - Quantity limits and Tiering will be determined by the Plan.

### Exclusion Criteria:

Prescribed or used for COSMETIC purposes or indications.

### Prescriber Restrictions:

N/A

### Coverage Duration:

Approval will be for 12 months

### FDA Indications:

#### **Botox**

- Blepharospasm, Associated with dystonia
- Cervical dystonia
- Headache; Prophylaxis - Migraine, chronic
- Hyperhidrosis of axilla (Severe), Primary disease inadequately managed by topical agents
- Incontinence due to detrusor instability, Associated with a neurologic condition
- Neurogenic detrusor overactivity, Associated with a neurologic condition; following inadequate response or intolerance to anticholinergic medication
- Overactive bladder, Refractory to or intolerant of anticholinergic medication
- Spasticity
- Strabismus

#### **Dysport**

- Cervical dystonia
- Spasticity

#### **Myobloc**

- Cervical dystonia
- Excessive salivation, Chronic

### **Xeomin**

- Blepharospasm
- Cervical dystonia
- Excessive salivation, Chronic
- Upper limb spasticity

### **Off-Label Uses:**

#### **Botox**

- Achalasia
- Auriculotemporal syndrome
- Backache
- Benign prostatic hyperplasia
- Cervicogenic headache
- Difficulty talking – Total laryngectomy
- Disorder of esophagus
- Disorder of nervous system – Excessive salivation
- Epicondylitis
- Excessive salivation – Parkinson's disease, Advanced
- Fibromyalgia
- Gilles de la Tourette's syndrome
- Granuloma of vocal cords, Refractory to conventional surgical and medical therapies
- Hemifacial spasm
- Idiopathic trigeminal neuralgia, Refractory
- Injury to oculomotor nerve (Acute)
- Isolated oromandibular dystonia
- Larynx closure, Adjunct to surgical procedure
- Organic voice tremor
- Pelvic floor dyssynergia
- Spasm, Of pharyngoesophageal segment - Total laryngectomy
- Spastic dysphonia
- Stuttering
- Tardive dyskinesia
- Temporomandibular joint disorder
- Whiplash injury to neck

#### **Dysport**

- Blepharospasm
- Hemifacial spasm

#### **Myobloc**

- Overactive bladder

### **Age Restrictions:**

**N/A**

### **Other Clinical Considerations:**

Postmarketing reports indicate that the effects of incobotulinumtoxinA and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, blurred vision, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence, and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have underlying conditions that would predispose them to these symptoms. In unapproved uses, including spasticity in children and in approved indications, cases of spread of effect have been reported at doses comparable to those used to treat cervical dystonia and at lower doses



## Resources:

## Part B Prior Authorization Guidelines

[https://www.micromedexsolutions.com/micromedex2/librarian/CS/D38070/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATIONSHIELDSYNC/955105/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=929446&contentSetId=100&title=OnabotulinumtoxinA&servicesTitle=OnabotulinumtoxinA&brandName=Botox&UserMdxSearchTerm=Botox&=null#](https://www.micromedexsolutions.com/micromedex2/librarian/CS/D38070/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/955105/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=929446&contentSetId=100&title=OnabotulinumtoxinA&servicesTitle=OnabotulinumtoxinA&brandName=Botox&UserMdxSearchTerm=Botox&=null#)

[https://www.micromedexsolutions.com/micromedex2/librarian/CS/9F8B85/ND\\_PR/evidencexpert/ND\\_P/evidencexpert/DUPLICATIONSHIELDSYNC/273DCD/ND\\_PG/evidencexpert/ND\\_B/evidencexpert/ND\\_AppProduct/evidencexpert/ND\\_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=929376&contentSetId=100&title=AbobotulinumtoxinA&servicesTitle=AbobotulinumtoxinA&brandName=Dysport&UserMdxSearchTerm=Dysport&=null#](https://www.micromedexsolutions.com/micromedex2/librarian/CS/9F8B85/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/273DCD/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=929376&contentSetId=100&title=AbobotulinumtoxinA&servicesTitle=AbobotulinumtoxinA&brandName=Dysport&UserMdxSearchTerm=Dysport&=null#)

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[https://careweb.careguidelines.com/ed24/ac/ac04\\_003.htm](https://careweb.careguidelines.com/ed24/ac/ac04_003.htm)

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CLINICAL ONLY