

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

BOTOX_(botulinium toxin type A), and **MYOBLOC** (type B)

Patient name: _____ Medicaid or SS# _____

Physician Name: _____ Physician NPI: _____

Phone#: _____ Ext.and options _____ Fax# _____

Contact Person _____

All information to be legible, complete and correct or form will be returned

FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF MEDICAL NECESSITY TO (801) 536-0477

CRITERIA (for access through a pharmacy):

- ▶ Used for patients age 12 and above
- ▶ **Approved for DOCUMENTED diagnosis of:**

Botox

Myobloc

1. Cervical Dystonia

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4. Strabismus

5. Blepharospasm

Non Covered Use:

Botulinium Toxin is not covered for any cosmetic or off-label uses. These include primary axillary hyperhidrosis, migraine, spasticity, sialorrhea, and gastroparesis.

Information:

This product is available for physician use in the office with J code J0585 **without** a PA.

This product may be obtained through a pharmacy with a prior authorization.

Treatment is every 3 months

Cumulative dose not to exceed 300 units (type A), or 10,000 units (type B) every 90 days

AUTHORIZATION:

6 months

RE-AUTHORIZATION:

6 months with documentation of progress of patient.