Trillium Health Resources
Pharmacy Prior Approval Request for

Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

Neuromuscular Blocking Agents: Botox, Myobloc, Dysport, Xeomin

Member Information

1. Last Name: _____ 2. First Name: _____
3. Trillium ID #: _____ 4. Date of Birth: _____ 5. Gender: _____

Prescriber Information

1. Prescriber Name: _____ 2. NPI #: _____
3. Requestor Name (Nurse/Office Staff): _____
4. Mailing Address: _____ City: _____ State: _____ Zip: _____
3. Phone #: _____ Ext. _____ Fax #: _____

Drug Information

1. Drug Name: _____ 2. Strength: _____ 3. Quantity Per 30 Days: _____
4. Length of Therapy (**in Days**): ☐ up to 30 Days ☐ 60 Days ☐ 90 Days ☐ 120 Days ☐ 180 Days ☐ 365 Days

Clinical Information

1. What is the prescribed dosage? _____ units per days _____
2. What is the diagnosis or indication for the medication?
   - ☐ Blepharospasm (**Botox, Dysport, Xeomin**)
   - ☐ Disorders of eye movement (strabismus) (**Botox**)
   - ☐ Spasmodic torticollis, secondary to cervical dystonia (**Botox, Dysport, Myobloc, Xeomin**)
   - ☐ Spasticity in members age 2 and up (**Botox**)
   - ☐ Severe axillary hyperhidrosis (ANSWER QUESTIONS 3 AND 4 BELOW) (**Botox, Dysport**)
   - ☐ Sialorrhea (**Botox, Myobloc**)
   - ☐ Chronic Sialorrhea in members age 2 and up (**Xeomin**)
   - ☐ Chronic anal fissure refractory to conservative treatment (**Botox**)
   - ☐ Esophageal achalasia recipients in whom surgical treatment is not indicated (**Botox**)
   - ☐ Infantile cerebral palsy, specified or unspecified (**Botox**)
   - ☐ Hemifacial Spasms (**Botox, Dysport**)
   - ☐ Laryngeal dystonia and adductor spasmodic dysphonia (**Botox**)
   - ☐ Upper limb spasticity in adults (**Dysport, Xeomin**)
   - ☐ Upper limb spasticity in pediatric members 2 years of age and older, excluding spasticity caused by cerebral palsy (**Dysport**)
   - ☐ Lower limb spasticity in adults and pediatric members 2 years of age and older (**Dysport**)
   - ☐ Upper limb spasticity in pediatric members 2 to 17 years of age, excluding spasticity caused by cerebral (**Xeomin**)
3. Does the member have documented medical complications due to hyperhidrosis? ☐ **Yes** ☐ **No**
   Please List: _____
4. Has the member failed a 6-month trial of conservative management including the use of topical aluminum chloride or extra strength antiperspirant? ☐ **Yes** ☐ **No** Please List product (s) tried: _____

Chronic Migraine (18 and older) New Therapy (approval up to 6 months) (BOTOX)

5. Does the member have 15 or more days each month with headache lasting 4 or more hours? ☐ **Yes** ☐ **No**
6. Has the member tried and failed prophylactic medications from at least 3 different drug classes (beta blockers, calcium channel Blockers, tricyclic antidepressants and anticonvulsants) each for at least 3 months of therapy?
   ☐ **Yes** ☐ **No** List meds tried: _____

Chronic Migraine Continuation of Therapy (approval up to 1 year) (Botox)

7. Has the member responded favorably after the first 2 injections? ☐ **Yes** ☐ **No**
8. Has the average number of headache days decreased by 6 or more days from the patient's baseline headache frequency? ☐ **Yes** ☐ **No**

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Urinary Incontinence (Botox)

9. Does the member have detrusor over activity associated with neurologic conditions? ☐ **Yes** ☐ **No**
10. Has the member tried and failed an anticholinergic medication? ☐ **Yes** ☐ **No**
    List med tried: _____
11. Does the patient have a documented contraindication, intolerable side effects, or allergy to anticholinergic medications? ☐ **Yes** ☐ **No**

Overactive Bladder (Botox)

12. Has the member tried and failed on 2 anticholinergic medications? ☐ **Yes** ☐ **No**
    List meds tried _____
13. Does the member have a documented contraindication, intolerable side effect, or allergy to anticholinergic medications? ☐ **Yes** ☐ **No**

Signature of Prescriber: _____ Date: _____

(Prescriber Signature Mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.