



**Botox® & Myobloc® (botulinum toxin)**  
**Prior Authorization Form**  
**Complete Patient and Physician Information (PLEASE PRINT)**

<b>Step 1:</b>		
Patient Name:	Physician Name:	
Address:	Address:	
	NPI#:	
Member ID:	Phone #:	
Member DOB:	Fax #:	
<b>Service Provider</b>	Person completing form:	
Pharmacy Name:		
Pharmacy Phone:	Date of Service:	
<b>Step 2:</b>		
<b>Complete the Clinical Assessment</b>		
Diagnosis (please check one)	<ul style="list-style-type: none"> <li>▪ Ophthalmic Disorders, including:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Blepharospasm associated with dystonia in patients &gt; 12 years old</li> <li><input type="checkbox"/> Strabismus</li> </ul> </li> <li>▪ Spasmodic and Dystonic Disorders, including:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Cervical Dystonia</li> </ul> </li> <li>▪ Severe primary hyperhidrosis unresponsive to topical agents:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Axillary, Palmar, Plantar (circle one)</li> </ul> </li> <li><input type="checkbox"/> Spasticity in cerebral palsy or paralyzed patients</li> <li><input type="checkbox"/> Other:</li> </ul>	ICD-9 =
Clinical Consideration	Botulinum Toxin is currently being used for many off-label indications. Our Care Management Team will determine whether 'other' indications are consistent with a medically necessary course of therapy. Cosmetic indications will not be considered medically necessary. Botulinum Toxin is not covered for the treatment of migraine headaches.	
<b>HCPCS Code:</b>		
<b>CAUTION:</b>	Although similar in certain aspects, botulinum toxins are NOT interchangeable. They are chemically, pharmacologically, and clinically distinct. There is no established method to convert dosing with one neurotoxin to appropriate dosing with another neurotoxin. Please be vigilant when choosing the appropriate dose of a particular botulinum toxin.	
Supporting Documentation	Please attach a copy of the clinical notes AND complete ALL of the information below: <div style="text-align: center;"> <input type="checkbox"/> <b>Botox®</b>    or    <input type="checkbox"/> <b>Myobloc®</b> </div> _____ Estimated # of Units to administered <input type="checkbox"/> Inpatient stay <input type="checkbox"/> Observation stay <input type="checkbox"/> Outpatient services <input type="checkbox"/> Office <input type="checkbox"/> Home	
<b>Please attach all relevant medical records and test results.</b> Incomplete forms will not be processed.		
<b>Step 3</b>		
<b>Fax completed form to</b> <b>Rocky Mountain Health Plans: 877-201-7302 or 970-254-5738</b> <b>WINhealth Partners: 877-825-3018</b>		
<small>The preauthorization for services noted in this form is only for the time period during which the patient remains eligible on the patient's current health benefit plan or for a shorter period as specified in this form. Rocky Mountain Health Plans is not financially responsible for the services that are preauthorized if the patient is not eligible at the date services are provided. Further as permitted by applicable law, this preauthorization is subject to concurrent review as to medical necessity, appropriateness of efficacy and coverage for services being provided and is subject to the terms and conditions in the member's health benefit contract, including but not limited to coordination of benefits, provisions, preexisting conditions and limitations, and any agreements between Rocky Mountain Health Plans and the health care provider. Billing for the services preauthorized on this form is subject to nationally standardized rules for coding and paying health services as used by Rocky Mountain Health Plans.</small>		

**Confidentiality Notice:**

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