GHP Family Pharmacy Customer Service
100 N. Academy Ave.
Danville, PA 17822
Tel. • 855•552•6028 PA Relay 711 GeisingerHealthPlan.com

Geisinger

BOTULINUM TOXINS PRIOR AUTHORIZATION FORM *(form effective 1/3/2022)*

Prior authorization guidelines for **Botulinum Toxins** and **Quantity Limits/Daily Dose Limits** are available on Geisinger Health Plan's website at https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger

☐New request ☐Renewal request	Total # of pages _____	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		NPI:	State license #:
LTC facility contact/phone:		Street address:	
Beneficiary name:		Suite #:	City/state/zip:
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Drug requested:	Units/package size:	Total quantity requested per treatment:
Injection site(s) & dose per site:		
Diagnosis (*submit documentation*):		Dx code (*required*):
Dates of previous administration and injection sites *(submit documentation)*:		

INITIAL requests

Request for a non-preferred agent: Does the beneficiary have a history of trial and failure, contraindication, or intolerance of the preferred Botulinum Toxins that are FDA-approved for the beneficiary's diagnosis and age? *Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.*	☐Yes ☐No ☐N/A *Submit documentation of all medications tried and outcomes.*

Complete the sections below that are applicable to the beneficiary and this request and SUBMIT DOCUMENTATION for each item.

☐**For a diagnosis of chronic spasticity:**
- ☐Has spasticity that interferes with activities of daily living
- ☐Has spasticity that is expected to result in joint contracture with future growth
- ☐If the beneficiary has contractures, has been considered for surgical intervention
- ☐If the beneficiary is 18 years of age or older, tried and failed or has a contraindication or an intolerance to an oral medication for spasticity
- ☐Botulinum Toxin is being prescribed to enhance function or allow for additional therapeutic modalities to be used
- ☐Will use the requested botulinum toxin in conjunction with other appropriate therapeutic modalities (e.g., PT, OT, gradual splinting, etc.)

☐**For a diagnosis of axillary hyperhidrosis:**
- ☐Tried and failed or has a contraindication or an intolerance to a topical agent such as aluminum chloride 20% solution

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☐ **For a diagnosis of chronic migraine headache:**
- ☐ Has a diagnosis of migraine headache consistent with the current International Headache Society Classification of Headache Disorders
- ☐ Migraine headache is not attributable to other causes, such as medication overuse
- ☐ Is prescribed the Botulinum Toxin by or in consultation with a headache specialist who is certified in headache medicine by the United Council for Neurologic Subspecialties or a neurologist
- ☐ Tried and failed or has a contraindication or an intolerance to medications in other drug classes that are used for migraine prevention:
  - ☐ Anticonvulsants (e.g., divalproex, topiramate, valproic acid)
  - ☐ Antidepressants (e.g., amitriptyline, venlafaxine)
  - ☐ Beta blockers (e.g., metoprolol, propranolol, timolol)

☐ **For a diagnosis of urinary incontinence due to detrusor overactivity:**
- ☐ Has an associated neurologic condition
- ☐ Tried and failed or has a contraindication or an intolerance to an anticholinergic medication used for the treatment of urinary incontinence

☐ **For a diagnosis of overactive bladder:**
- ☐ Has symptoms of urge urinary incontinence, urgency, and frequency
- ☐ Tried and failed or has a contraindication or an intolerance to at least 2 medications used for the treatment of overactive bladder (e.g., anticholinergics, beta-3 adrenergic agonists)

RENEWAL requests

Check the items below that are applicable to the beneficiary and this request and SUBMIT DOCUMENTATION for each item.

☐ Experienced a positive clinical response to the Botulinum Toxin
☐ Symptoms have returned to such a degree that repeat injection with Botulinum Toxin is required
☐ The frequency of injection of Botulinum Toxin exceeds the FDA-approved package labeling
- ☐ The previous treatment was well-tolerated but inadequate
- ☐ The requested dose and increased frequency of injection of Botulinum Toxin are supported by medical literature as safe and effective for the diagnosis

Please submit to PromptPA https://ghp.promptpa.com OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:	**Date**: