**Botulinum Toxin**

**Botulinum Toxin Medical Policy – RX501.019**  
***This form does not address use in treatment of hyperhidrosis***

Please complete all appropriate questions fully.

Suggested medical record documentation:
- Current History & Physical
- Progress Notes

*Failure to include suggested medical record documentation may result in delay or possible denial of request.*

**PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Member ID</th>
<th>Group ID</th>
</tr>
</thead>
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**PROCEDURE INFORMATION**

Requesting authorization for:
- ☐ OnabotulinumtoxinA (Botox®) – Section I
- ☐ AbobotulinumtoxinA (Dysport™) – Section II
- ☐ IncobotulinumtoxinA (Xeomin®) – Section III
- ☐ RimabotulinumtoxinB (Myobloc®) – Section IV

**Section I – OnabotulinumtoxinA (Botox®)**

Diagnosis:
- ☐ Achalasia
- Surgery candidate: □ Yes □ No
- Prior treatments/response: __________________________________________
- __________________________________________
- □ Anal fissure, chronic
- □ Blepharospasm
- □ Cervical Dystonia with:
  - Sustained head tilt: □ Yes □ No
  - Abnormal posturing with limited range of motion in the neck: □ Yes □ No
  - History of recurrent involuntary contraction of ≥1 muscle(s) of the neck: □ Yes □ No
- □ Dystonia associated with functional impairment and/or pain:
  - Yes (Describe):_____________________________________ □ No
due to:
  - □ Hereditary spastic paraplegia
  - □ Idiopathic (primary or genetic) torsion dystonia
  - □ Infantile cerebral palsy
  - □ Organic writer’s cramp
  - □ Oromandibular dyskinesia
  - □ Neuromyelitis optica
  - □ Schilder’s disease
  - □ Spastic hemiplegia
  - □ Spasticity related to stroke
  - □ Symptomatic (acquired) torsion dystonia
- □ Facial nerve (7th cranial nerve) disorders
☐ Migraine; chronic  
   Date diagnosed: ____________________________  
   Frequency/duration of headaches: ____________________________  
   Prior treatments/response: ____________________________  
   ____________________________  
   ____________________________  

☐ Multiple Sclerosis  
☐ Overactive Bladder  
   Symptoms: ________________________________________  
   Prior treatments/response: ____________________________  
   ____________________________  
   ____________________________  
   ____________________________  

☐ Sialorrhea associated with advanced Parkinson’s disease  
☐ Spasmodic dysphonia:  ☐ Initial treatment  ☐ Maintenance or continuing treatment  
   If initial treatment, diagnosis affirmed by laryngoscopy/video stroboscopy: ☐ Yes ☐ No  
☐ Spinal cord or traumatic brain injury  
☐ Strabismus  
☐ Upper Limb Spasticity  
   Site(s): ________________________________________  
   Prior treatments/response: ____________________________  
   ____________________________  
   ____________________________  
   ____________________________  

☐ Urinary incontinence due to detrusor overactivity  
   Prior treatments/response: ____________________________  
   ____________________________  
   ____________________________  
   ____________________________  

☐ Other: ________________________________________

Section II – AbobotulinumtoxinA (Dysport™)
Diagnosis:
☐ Achalasia  
   Surgical candidate: ☐ Yes ☐ No  
   Prior treatments/response: ____________________________  
   ____________________________  
   ____________________________  

☐ Blepharospasm  
☐ Cervical Dystonia with:  
   Sustained head tilt: ☐ Yes ☐ No  
   Abnormal posturing with limited range of motion in the neck: ☐ Yes ☐ No  
   History of recurrent involuntary contraction of ≥1 muscle(s) of the neck: ☐ Yes ☐ No  
☐ Facial nerve (7th cranial nerve) disorders  
☐ Spasticity related to cerebral palsy or stroke  
☐ Other: ________________________________________

Section III – IncobotulinumtoxinA (Xeomin®)
Diagnosis:
☐ Blepharospasm  
   Previously treated with onabotulinumtoxinA (Botox®): ☐ Yes ☐ No  
   Date(s): ____________________________  

☐ Cervical Dystonia with:  
   Sustained head tilt: ☐ Yes ☐ No  
   Abnormal posturing with limited range of motion in the neck: ☐ Yes ☐ No  
   History of recurrent involuntary contraction of ≥1 muscle(s) of the neck: ☐ Yes ☐ No  
☐ Other: ________________________________________
Section IV – RimabotulinumtoxinB (Myobloc®)

Diagnosis:
☐ Cervical Dystonia with:
  ☐ Sustained head tilt: ☐ Yes ☐ No
  Abnormal posturing with limited range of motion in the neck: ☐ Yes ☐ No
  History of recurrent involuntary contraction of ≥1 muscle(s) of the neck: ☐ Yes ☐ No
☐ Sialorrhea associated with advanced Parkinson’s disease
☐ Other: _______________________________________________________________

_____________________________________________________________________________________________

Practitioner Name Printed

_____________________________________________________________________________________________

Practitioner Signature  NPI Number  Date

Last modified 06/2013