

State of Maine Department of Health & Human Services
MaineCare/MEDEL Prior Authorization Form
BOTULINUM

Phone: 1-888-445-0497

www.mainearepd.org

Fax: 1-888-879-6938

Member ID #: _____ Patient Name: _____ DOB: _____
 (NOT MEDICARE NUMBER)

Patient Address: _____

Provider DEA: _____ Provider NPI: _____

Provider Name: _____ Phone: _____

Provider Address: _____ Fax: _____

Pharmacy Name: _____ Rx Address: _____ Rx phone: _____

Provider must fill all information below. It must be legible, correct and complete or form will be returned.

(Pharmacy use only): NPI: _____ NABP: _____ NDC: _____

Requesting prescriber (if not a neurologist, psychiatrist or orthopedist) must provide documentation of adequate training for injection procedure. (please supply certificate)

Who will supply this product to the patient?

- Pharmacy-fax to 1-888-879-6938 OR
- Prescriber-fax to 1-866-598-3963 Provider ID# _____

<u>Drug Name</u>	<u>Strength</u>	<u>Dosage</u> <u>Instructions</u>	<u>Quantity</u>	<u>Days Supply</u> <small>(34 days max)</small>	<u>Refills</u>
BOTOX® (J0585)	_____	_____	_____	_____	1 2 3 4 5

All requests for prior authorization of Botox® that gain approval will be limited to:

- Maximum 600U per injection session for adults (400U per injection for children >12 yrs of age).
- Injection sessions are not to occur any more frequently than 90 days apart.
- Initial approvals will be valid for a six-month period (until adequate clinical response is proven).

Indication: _____
(Will only be approved for FDA approved indications)

DYSPORT® (J0586)	_____	_____	_____	_____	1 2 3 4 5
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All requests for prior authorization of Dysport® that gain approval will be limited to:

- Maximum 1,500U per injection session for adults
- Injection sessions are not to occur any more frequently than 90 days apart.
- Initial approvals will be valid for a six-month period (until adequate clinical response is proven).

Indication: _____
(Will only be approved for FDA approved indications)

MYOBLOC® (J0587)	_____	_____	_____	_____	1 2 3 4 5
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All requests for prior authorization of Myobloc® that gain approval will be limited to:

- Total maximum dose per visit = 15,000 U and Maximum dose per injection site = 2,500 U
- Injection sessions are not to occur any more frequently than 90 days apart
- Initial approvals will be valid for a six month period (until adequate clinical response is proven).

Indication: _____
(Will only be approved for FDA approved indications)

Pursuant to the MaineCare Benefits Manual, Chapter I, Section 1.16, The Department regards adequate clinical records as essential for the delivery of quality care, such comprehensive records are key documents for post payment review. Your authorization certifies that the above request is medically necessary, meets the MaineCare criteria for prior authorization, does not exceed the medical needs of the member and is supported in your medical records.

Provider Signature: _____ Date of Submission: _____
*MUST MATCH PROVIDER LISTED ABOVE