

# Botulinum Toxin (Botox, Dysport, Myobloc, & Xeomin) for Headache Syndromes

Attn: Pharmacy Dept. Fax (763.847.4014) **All fields required. Incomplete and/or Incorrect forms will be returned.**

Please follow-up with Customer Service (800.997.1750 Option #3) for Approval/Denial status of this request.

## MEMBER INFORMATION

MEMBER NAME:

MEMBER ID:

DATE OF BIRTH:

GENDER:  M  F  O

ADDRESS:

CITY:

STATE:

ZIP:

## PROVIDER INFORMATION

PROVIDER NAME:  
(FIRST & LAST)

NPI NUMBER:

SPECIALTY:

CLINIC NAME:

CONTACT:  
(NAME & PHONE)

SECURE FAX/EMAIL:

ADDRESS:

CITY:

STATE:

ZIP:

## MEDICATION REQUESTED

INITIAL REQUEST  RENEWAL REQUEST

DRUG NAME AND STRENGTH:

DIAGNOSIS (ICD-10):

DOSING REQUESTED:

THERAPY START DATE:

THERAPY START DATE:

IS THE PATIENT CURRENTLY BEING TREATED WITH REQUESTED DRUG?  YES  NO

IF YES, PLEASE INDICATE DATE TREATMENT BEGAN:

PLEASE LIST ALL OTHER MEDICATIONS THE PATIENT WILL BE TAKING IN COMBINATION WITH THE REQUESTED MEDICATION FOR THIS DIAGNOSIS:

## INITIAL REVIEW

DOES THE PATIENT HAVE A DIAGNOSIS OF CHRONIC, INTRACTABLE MIGRAINE HEADACHES (WITH OR WITHOUT AURA) OCCURRING 8 OR MORE DAYS A MONTH OR CHRONIC DAILY HEADACHE DEFINED AS MEMBERS EXPERIENCING MORE THAN 15 DAYS OF HEADACHE PER MONTH?  YES  NO  
HEADACHES PER MONTH: \_\_\_\_\_ MIGRAINES DAYS PER MONTH: \_\_\_\_\_

DOES THE PATIENT HAVE DOCUMENTED ATTEMPTS AT FORMAL BEHAVIORAL OR PHYSICAL THERAPY TREATMENT? (SELECT ALL THAT APPLY)

HOME EXERCISE PROGRAM  MASSAGE  PHYSICAL THERAPY  OCCUPATIONAL THERAPY  ACUPUNCTURE  MEDITATION  
 OTHER: \_\_\_\_\_

DOES THE MEMBER HAVE A HISTORY OF TRIAL AND FAILURE (AFTER AT LEAST A TWO-MONTH TRIAL) OF THE FOLLOWING PROPHYLACTIC MEDICATIONS? (SELECT ALL THAT APPLY; AT LEAST 3 REQUIRED)

ELAVIL (AMITRIPTYLINE)  ATENOLOL  EFFEXOR (VENLAFAXINE)  PROPRANOLOL  DEPAKOTE/DEPAKOTE ER (DIVALPROEX SODIUM)  
 NADOLOL  TOPAMAX (TOPIRAMATE)  TIMOLOL  PAMELOR (NORTRIPTYLINE)  METOPROLOL  
 OTHER: \_\_\_\_\_

## RENEWAL REVIEW

IS THERE DOCUMENTATION SUPPORTING AT LEAST ONE OF THE FOLLOWING? PLEASE SELECT ALL THAT APPLY

DECREASE IN MEDICATION USE  DECREASE IN EMERGENCY ROOM VISITS  DECREASE IN MISSED DAYS AT WORK  
 DECREASED PAIN FREQUENCY AND SEVERITY  INCREASED ACTIVITIES  DOCUMENTED IMPROVEMENT IN SYMPTOMS