CIGNA
Pharmacy Services
Phone: (800)244-6224
Fax: (800)390-9745

CIGNA HealthCare Prior Authorization Form
- Botox (botulinum toxin type A) -

Notice: Failure to complete this form in its entirety or include chart notes may result in delayed processing or an adverse determination for insufficient information.

PROVIDER INFORMATION		PATIENT INFORMATION		
* Provider Name:		**Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed**		
Specialty:	* DEA or TIN:			
Office Contact Person:		* Patient Name:		
Office Phone:		* CIGNA ID:		
Office Fax:		* Date Of Birth:		
* Is your fax machine kept in a secure location? Yes ☐ No ☐ * May we fax our response to your office? Yes ☐ No ☐		* Patient Street Address:		
Office Street Address:		City	State	Zip
City	State / Zip	Patient Phone:		

Medication requested:
☐ Botox 100 unit vial

Dose and Quantity: Duration of therapy: J-Code: CPT Code:

In what location(s) of the body will Botox injections be given (please specify how many units are being injected into each muscle and how often they will be given)?

Where will this medication be obtained?
☐ CIGNA Tel-Drug *(CIGNA's nationally preferred specialty pharmacy)*
☐ Retail pharmacy
☐ Prescriber's office stock (billing on a medical claim form)
☐ Home Health / Home Infusion vendor
☐ Other (please specify):

Please indicate the condition Botox is being used to treat and answer additional questions as necessary. Please include all applicable chart notes with this form.

☐	**Blepharospasm**		
☐	**Cervical dystonia, including spasmodic torticollis**		
	Additional Question(s)	Is the patient's condition causing persistent pain or interfering with the patient's ability to perform age-related activities of daily living?	Answer/Detail:
☐	**Focal hand dystonia (e.g., writer's cramp)**		
	Additional Question(s)	Is the patient's condition causing persistent pain or interfering with the patient's ability to perform age-related activities of daily living?	Answer/Detail:
☐	**Adductor spasmodic dysphonia/laryngeal dystonia**		
☐	**Jaw-closing oromandibular dystonia**		
	Additional Question(s)	Is the patient's condition causing persistent pain, interference with nutritional intake (e.g., masticatory dysfunction that results in weight loss or malnutrition), or significant speech impairment/interference with the ability to communicate effectively?	Answer/Detail:
☐	**Meige's syndrome/cranial dystonia (i.e., blepharospasm with jaw-closing oromandibular cervical dystonia)**		

	Additional Question(s)	Is the patient's condition causing persistent pain, interference with nutritional intake (e.g., masticatory dysfunction that results in weight loss or malnutrition), or significant speech impairment/interference with the ability to communicate effectively?	Answer/Detail:
☐	**Spasticity due to cerebral palsy (including spastic equinus foot deformities)**		
	Additional Question(s)	What is the specific location of the spasticity?	Answer/Detail:
☐	**Spasticity due to cerebrovascular accident**		
	Additional Question(s)	What is the specific location of the spasticity?	Answer/Detail:
☐	**Spasticity due to localized adductor muscle spasticity in multiple sclerosis**		
	Additional Question(s)	What is the specific location of the spasticity?	Answer/Detail:
☐	**Spasticity due to spinal cord injury**		
	Additional Question(s)	What is the specific location of the spasticity?	Answer/Detail:
☐	**Spasticity due to traumatic brain injury**		
	Additional Question(s)	What is the specific location of the spasticity?	Answer/Detail:
☐	**Spasticity due to hereditary spastic paraplegia**		
	Additional Question(s)	What is the specific location of the spasticity?	Answer/Detail:
☐	**Hemifacial spasms/Seventh cranial nerve palsy**		
	Additional Question(s)	Is the patient's condition causing persistent pain or vision impairment?	Answer/Detail:
☐	**Horizontal strabismus in an adult**		
	Additional Question(s)	How many prism diopters does the patient have?	Answer/Detail:
		Does the patient have diplopia, impaired depth perception, impaired peripheral vision, or impaired ability to maintain fusion?	Answer/Detail:
☐	**Vertical strabismus in an adult**		
	Additional Question(s)	Does the patient have diplopia, impaired depth perception, impaired peripheral vision, or impaired ability to maintain fusion?	Answer/Detail:
☐	**Persistent sixth nerve palsy in an adult**		
	Additional Question(s)	When was the patient diagnosed with this condition?	Answer/Detail:
		Does the patient have diplopia, impaired depth perception, impaired peripheral vision, or impaired ability to maintain fusion?	Answer/Detail:
☐	**Strabismus disorder in a child**		
	Additional Question(s)	Is Botox being used to achieve normal binocular motor alignment?	Answer/Detail:
☐	**Primary esophogeal achalasia**		
	Additional Question(s)	Is the patient considered a poor surgical risk (e.g., patients with comorbidities such as elderly patients with decreased life expectancy)?	Answer/Detail:

		Does the patient have a history of perforation caused by previous pneumatic dilatation?	Answer/Detail:
☐	**Chronic anal fissure**		
	Additional Question(s)	Has the patient failed conventional non-surgical treatment (e.g., nitrate preparations, sitz baths, stool softeners, bulk agents, diet modifications)	Answer/Detail:
☐	**Primary or secondary axillary or palmar hyperhidrosis OR gustatory sweating (Frey's syndrome)**		
	Additional Question(s)	Has patient had prior trial of topical therapy? If yes please list agent, duration and outcome.	Answer/Detail:
		Has patient had prior trial of oral pharmacotherapy? If yes please list drug, duration and outcome.	Answer/Detail:
		Is the condition significantly interfering with the patient's ability to perform age-appropriate activities of daily living?	Answer/Detail:
		The condition is causing persistent or chronic cutaneous conditions such as skin maceration, dermatitis, fungal infections and secondary microbial conditions?	Answer/Detail:
☐	**Disabling essential tremor, including head and neck, hand, and voice tremor**		
☐	**Excessive glandular secretion**		
	Additional Question(s)	Does the patient have cholinergic-mediated secretions associated with various types of fistulas (e.g., parotid gland, pharyngocutaneous)?	Answer/Detail:
		Does the patient have ptyalism/sialorrhea (excessive salivation) associated with parkinsonism and cerebral palsy, refractory to pharmacotherapy (including anticholinergics)?	Answer/Detail:
☐	**Voiding dysfunction associated with intracranial lesions or cerebrovascular accident-induced voiding difficulty**		
☐	**Voiding dysfunction associated with detrusor sphincter dyssynergia due to spinal cord injury**		
☐	**Migraine Prophylaxis**		
	Additional Question(s)	Did the patient have a failure, contraindication, or intolerance to two migraine prophylaxis medications: beta-blockers, calcium channel blockers, tricyclic antidepressants or anticonvulsant medications?	Answer/Detail:
☐	**Other (Please specify diagnosis and any additional applicable information):**		

CIGNA HealthCare's coverage position on this and other medications may be viewed online at: http://www.cigna.com/customer_care/healthcare_professional/coverage_positions

Please fax completed form to (800)390-9745. Due to the clinical information required, requests for Botox cannot be accepted via phone.

Our standard response time for prescription drug coverage requests is 2-4 business days. If your request is urgent, it is important that you call Pharmacy Services to have the request expedited. View our formulary on line at http://www.cigna.com.

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