

## BOTOX PA SUMMARY

**STATUS:** Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** *The criteria details below are for the outpatient pharmacy program. If an injectable medication is being administered in a physician's office then the criteria information below does not apply. Instead, the physician's office must bill this drug through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).*

### PA CRITERIA:

- ❖ Approvable for members with a diagnosis of cervical dystonia or cerebral palsy
- ❖ Approvable for members with a diagnosis of blepharospasm or strabismus who are 12 years of age or older
- ❖ Approvable for members 18 years of age or older with a diagnosis of upper limb spasticity (caused by stroke, multiple sclerosis, traumatic brain injury, or spinal cord injury) who have tried and failed at least one other medication used for spasticity
- ❖ Botox Cosmetic injection is a non-covered product.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

### PA and Appeal Process:

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

### Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.