



FLORIDA MEDICAID
BOTOX (ONABOTULINUMTOXIN A) MIGRAINE INJECTION

(Maximum Approval = three Months)
Please include a completed CMS1500 form for J0585 with NDCs

Recipient's Medicaid ID#
Date of Birth (MM/DD/YYYY)
Recipient's Full Name
Prescriber's Full Name
Prescriber Medicaid ID #
Prescriber Phone Number
Prescriber Fax Number

Provider Specialty:

Medication Request: [] New [] Continuation Ht: Wt: BSA:

1. Medication Requested:

Table with 5 columns: Medication, Strength, Directions, # of Cycles, Quantity/Month

2. Diagnosis

Please indicate patient diagnosis and diagnosis codes: (Must provide supporting documentation)

Diagnosis:

Diagnosis Code(s)

3. Previous Medication Trials

Table with 5 columns: Medication, Strength, Directions, Start/End Dates, Maximum Dose (Per Day)

REQUIRED FOR REVIEW: Please include a completed CMS1500 form for J0585 and NDCs , and copies of medical records (i.e. diagnostic evaluations & recent chart notes).

The provider must retain copies of all documentation for five years.

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Mail completed forms to:

Agency for Health Care Administration
Health Practitioner Unit
2727 Mahan Drive, Mail Stop #20
Tallahassee, FL 32308

For Information Only:

Phone: (850) 412-4227

For AHCA Use Only			
DATE: _____		NOTIFIED: _____	
APPROVED: _____	START DATE: _____	EXPIRATION DATE: _____	
DENIED: _____	REASON: _____		

Approval Indications

For the prevention of chronic (more than 14 days per month with headaches lasting 4 hours a day or longer) migraine headaches (see definition below) in adults who have tried and failed trials of at least 3 classes of migraine headache prophylaxis medications of at least 2 months (60 days) duration for each medication:

1. Angiotensin-converting enzyme inhibitors/angiotensin II receptor blockers (e.g., losartan, valsartan, lisinopril);
2. Anti-depressants (e.g., amitriptyline, clomipramine, doxepin, mirtazapine, nortryptiline, protriptyline);
3. Anti-epileptic drugs (e.g., gabapentin, topiramate, valproic acid);
4. Beta blockers (e.g., atenolol, metoprolol, nadolol, propranolol, timolol); or
5. Calcium channel blockers (e.g., diltiazem, nifedipine, nimodipine, verapamil).

Definition: International Headache Society Criteria for Migraine Diagnosis

According to the International Headache Society, the diagnosis of migraine can be made according to the following criteria:

- A. 5 or more attacks for migraine without aura (For migraine with aura, only 2 attacks are sufficient for diagnosis).
- B. Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated).
- C. Headache has at least two of the following characteristics:
 1. unilateral location;
 2. pulsating quality;
 3. moderate or severe pain intensity: and/or
 4. aggravation by or causing avoidance of routine physical activity (eg, walking or climbing stairs).
- D. During headaches at least one of the following:
 1. nausea and/or vomiting; and/or
 2. sensitivity to both light (photophobia) and sound (phonophobia).

Botulinum toxin is considered experimental and investigational for migraines that do not meet the above-listed criteria.