CIGNA Specialty Pharmacy Services
Botulinum Toxin Fax Order Form

Please deliver by: _____

Requests received after 4 p.m. CT will begin processing the following business day

Order #: **Referral Source Code:** 652

Fax: 1.800.351.3616
Phone: 1.800.351.3606

PATIENT INFORMATION (Please Print)			PHYSICIAN INFORMATION	
PATIENT NAME:	DATE OF BIRTH :		NAME:	
HEALTH CARE ID #:	SEX: ☐ M ☐ F		DEA #:	NPI:
HOME PHONE:	ALT PHONE:		TELEPHONE:	FAX:
ADDRESS: (Street) (City) (State) (Zip Code)			SHIPPING ADDRESS: (Street/Suite #) (City) (State) (Zip Code)	
ALLERGIES: If no allergies are specified, for new customers this indicates no known allergies and for existing customers this indicates no change from information provided to CIGNA Specialty Pharmacy previously.			**SHIP MEDICATIONS TO:** ☒ **Physician's Office** Please note we are unable to ship Botox/ Dysport/ Myobloc directly to the patient. Please provide a physician's office shipping address in the space provided above.	

*Is your fax machine kept in a secure location? ☐ Yes ☐ No *May we fax our response to your office? ☐ Yes ☐ No

PRESCRIPTION INFORMATION

BOTOX® (OnabotulinumtoxinA - J0585) ☐ 100 Unit Vial ☐ 200 Unit Vial	DIRECTIONS:	NUMBER OF VIALS: REFILLS:
DYSPORT® (AbobotulinumtoxinA – J0586) ☐ 300 Unit Vial ☐ 500 Unit Vial	DIRECTIONS:	NUMBER OF VIALS: REFILLS:
MYOBLOC® (RimabotulinumtoxinB – J0587) ☐ 2,500 Unit/ 0.5ml Vial ☐ 5,000 Unit/ 1 ml Vial ☐ 10,000 Unit/ 2ml Vial	DIRECTIONS:	NUMBER OF VIALS: REFILLS:
XEOMIN® (IncobotulinumtoxinA – J3590) ☐ 50 Unit Vial ☐ 100 Unit Vial	DIRECTIONS:	NUMBER OF VIALS: REFILLS:

PRESCRIBER'S PRINTED NAME: DATE:

PRESCRIBER'S SIGNATURE: (Physician's signature indicates accuracy and completeness of prescription information)

In order for a brand name product to be dispensed, the prescriber must handwrite ***"Brand Necessary"*** or ***"Brand Medically Necessary"*** on the prescription

PLEASE INCLUDE DOCUMENTED PROGRESSION OF DISEASE/PRIOR THERAPIES FOR JUSTIFICATION FOR THE DRUG:

Diagnosis Code (ICD-9): _____

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

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Please indicate the condition Botox/ Dysport/ Myobloc 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:

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☐	**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 salvation) associated with parkinsonism and cerebral palsy, refractory to pharmacotherapy (including anticholinergics)?	Answer/Detail:

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☐	**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)**		

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