



Botulinum Toxin for Non-Migraine Indications

Office of the Medical Director
PO Box 44321
Olympia WA 98504-4321

Please fax completed form, along with any supportive medical documentation to: 360-902-9170.

Claim Number	Injured Worker's Name
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Section 1	
Specify the agent:	
<input type="checkbox"/> AbobotulinumtoxinA (Dysport)	<input type="checkbox"/> OnabotulinumtoxinA (Botox)
<input type="checkbox"/> IncabulinumtoxinA (Xeomin)	<input type="checkbox"/> RimabotulinumtoxinB (Myobloc)
Specify indication: _____	
Billing code(s): _____	Estimated date of procedure: _____
Is this the initial request? <input type="checkbox"/> Yes — Go to Section 2 <input type="checkbox"/> No — Go to Section 3	

L&I covers a maximum of two (2) treatment cycles for FDA-approved indications, except for treatment of catastrophic injuries and migraines. For purposes of this coverage decision, catastrophic injury is defined as a severe injury from which recovery of physical function is not expected, such as a spinal cord injury. See coverage decision ([Botulinum Toxins](#)) for additional information.

Section 2	
Criteria for initial course (all of the following must be met):	
Is the condition being treated causally related to the industrial injury or occupational disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the condition being treated an FDA-approved indication for the requested botulinum toxin product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the worker try conservative treatment, such as medication and physical therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", specify:	
Treatment: _____	Duration: _____ Outcome: _____
Are the requested botulinum toxin injections part of a treatment plan with the goal of vocational rehabilitation and/or returning to work?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please summarize:	

Section 3	
Criteria for additional courses (all of the following must be met):	
Were previous botulinum toxin injections well-tolerated (no severe adverse outcomes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did previous botulinum toxin injections result in meaningful functional improvement, allowing the worker to engage in vocational rehabilitation or return to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please summarize:	

Section 4	
Prescriber Name	Prescriber Phone Number
Signature	Date