



# 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:

- AbobotulinumtoxinA (Dysport)
- IncobotulinumtoxinA (Xeomin)
- OnabotulinumtoxinA (Botox)
- RimabotulinumtoxinB (Myobloc)

Specify indication:

Is this the initial request?  Yes — Go to Section 2  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?  Yes  No

Is the condition an FDA-approved indication for the requested botulinum toxin product (or is it cervicobrachial syndrome and a botulinumtoxinA formulation is requested)?  Yes  No

Did the worker try conservative treatment, such as medication and physical therapy?  Yes  No

If "Yes", specify:

Treatment:	Duration:	Outcome:
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Are the requested botulinum toxin injections part of a treatment plan with the goal of vocational rehabilitation and/or returning to work?  Yes  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)?  Yes  No

Did previous botulinum toxin injections result in meaningful functional improvement, allowing the worker to engage in vocational rehabilitation or return to work?  Yes  No

If "Yes", please summarize:

### Section 4

Prescriber Name	Prescriber Phone Number
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Signature	Date
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