

AvMed

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-305-671-0200.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested (check drug below that applies):

<input type="checkbox"/> Xenazine® (tetrabenazine)	<input type="checkbox"/> tetrabenazine
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MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

For Xenazine® approval:

Medication is prescribed by or in consultation with a Neurologist;

AND

Member must have a diagnosis of chorea associated with Huntington's Disease (**chart notes must document diagnostic criteria and symptoms**);

AND

Member must have tried and failed **at least 30 days** of tetrabenazine (**chart notes must document therapy failure**)

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□ **For tetrabenazine approval:**

- Medication is prescribed by or in consultation with a Neurologist; **AND**
- Member must have a diagnosis with chorea associated with Huntington's Disease (**chart notes must document diagnostic criteria and symptoms**)

Medication being provided by a Specialty Pharmacy - PropriumRx

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.