

- History of treatment with dopamine receptor blocking agent (DRBA) (*Claims history or chart notes must be attached*) **AND**
- Symptom duration has lasted more than 4 to 8 weeks **AND**
- Documentation that AIMS test has been completed to obtain baseline evaluation (*testing or score must be attached*). One of the following criteria exists:
 - Persistence symptoms of tardive dyskinesia despite a trial dose reduction, tapering, or discontinuation of the offending agent **OR**
 - Member is **NOT** a candidate for a trial dose reduction, tapering, or discontinuation of the offending agent
 - Member is **NOT** actively suicidal and does **NOT** have any of the following:
 - untreated or inadequately treated depression
 - concomitant use of MAOI medication
 - hepatic impairment

Reauthorization Approval for Tardive Dyskinesia Diagnosis: Length of continued approval is for 12 months, not to exceed 48 mg/day. Chart notes and required testing MUST be submitted with this request form.

- Documentation of positive clinical response to Austedo™ therapy **AND**
- Improvement in current AIMS score compared to baseline submission (*testing or score must be attached*)

AND

- Member is **NOT** actively suicidal and does **NOT** have any of the following:
 - untreated or inadequately treated depression
 - concomitant use of MAOI medication
 - hepatic impairment

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.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

*Approved by Pharmacy and Therapeutics Committee: 10/19/2017

REVISED/UPDATED: 12/27/2017; 1/11/2018