

OPTIMA HEALTH PLAN

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 1-800-750-9692.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **Incomplete form will delay authorization process.**

Drug Requested - check drug that applies:

<input type="checkbox"/> Xenazine® (tetrabenazine)	<input type="checkbox"/> tetrabenazine
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DRUG INFORMATION: Complete information below or authorization will be delayed.

Drug Name/Form: _____

Drug Strength: _____ Dosing Schedule: _____

Length of Therapy: _____ ICD Code, if applicable: _____

Diagnosis: _____

CLINICAL CRITERIA: The following criteria **MUST** be met. **ALL** boxes **MUST** be checked to qualify to ensure authorization will **NOT** be delayed.

For Xenazine approval:

- Medication is prescribed by or in consultation with a Neurologist; **AND**
- Patient **MUST** have a diagnosis of chorea associated with Huntington's Disease (**chart notes must document diagnostic criteria and symptoms**); **AND**
- Patient must have trial and failure of **at least 30 days** of tetrabenazine (**chart notes must document therapy failure**)

For tetrabenazine approval:

- Medication is prescribed by or in consultation with a Neurologist; **AND**
- Patient **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.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____