SENTARA HEALTH PLANS

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. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested (check drug below that applies):

❑ **Xenazine®** (tetrabenazine)	❑ **tetrabenazine**

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

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

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

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

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

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

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

Weight (if applicable): _____ **Date weight obtained:** _____

Requested Medication is ONE of the following:

- ❑ New Start
- ❑ Continuation of therapy – provide therapy start 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.

Authorization Length: 12 months

❑ DIAGNOSIS: Tardive Dyskinesia

❑ **For Brand Xenazine® requests:**

- ❑ Prescribed by or in consultation with a neurologist or psychiatrist
- ❑ Member is ≥ 18 years of age

(Continued on next page)

- ❑ Member has been diagnosed with Tardive Dyskinesia
- ❑ Member must have tried and failed **at least 30 days** of tetrabenazine **(verified by chart notes and/or pharmacy paid claims)**

❑ **For tetrabenazine requests:**

- ❑ Prescribed by or in consultation with a neurologist or psychiatrist
- ❑ Member is ≥ 18 years of age
- ❑ Member has been diagnosed with Tardive Dyskinesia

❑ DIAGNOSIS: Huntington's Disease

❑ **For Brand Xenazine® requests:**

- ❑ Prescribed by or in consultation with a neurologist
- ❑ Member is ≥ 18 years of age
- ❑ Member has been diagnosed with chorea associated with Huntington's Disease as confirmed by genetic testing (for example, an expanded HTT CAG repeat sequence of at least 36)
- ❑ Member must have tried and failed **at least 30 days** of tetrabenazine **(verified by chart notes and/or pharmacy paid claims)**

❑ **For tetrabenazine requests:**

- ❑ Prescribed by or in consultation with a neurologist
- ❑ Member is ≥ 18 years of age
- ❑ Member has been diagnosed with chorea associated with Huntington's Disease as confirmed by genetic testing (for example, an expanded HTT CAG repeat sequence of at least 36)

Medication being provided by a Specialty Pharmacy – Proprium Rx

*****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.****

***Approved by Pharmacy and Therapeutics Committee:** ~~7/19/2018;~~ **9/24/2026**
REVISED/UPDATED/REFORMATTED: ~~9/28/2018; 9/7/2019; 10/30/2023;~~ **10/15/2026**