

OPTIMA HEALTH MEDICAID

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 information provided is not complete, correct, or legible, authorization will be delayed.**

Movement Disorders Medications

Drug Requested: (Check below the drug that applies)

PREFERRED	
<input type="checkbox"/> Austedo® (deutetrabenazine) tablet	<input type="checkbox"/> Austedo XR® (deutetrabenazine) tablet
<input type="checkbox"/> Ingrezza® (valbenazine) capsule	<input type="checkbox"/> Ingrezza® (valbenazine) Initiation Pack
<input type="checkbox"/> tetrabenazine (generic Xenazine®) tablet	<input type="checkbox"/> Xenazine® (tetrabenazine) tab
Non-Preferred	
<input type="checkbox"/> Austedo XR® (deutetrabenazine) titration pack	

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

Member Name: _____

Member Optima #: _____ 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: _____

Weight: _____ Date: _____

(Continued on next page)

Drug	Recommended Dose and Quantity Limits
Austedo[®] tab	<ul style="list-style-type: none"> Chorea associated with Huntington disease: Oral: Initial: 6 mg once daily; may increase dose weekly based on response and tolerability in increments of 6 mg/day; administer in two divided doses if total daily dose ≥ 12 mg; maximum recommended dose: 48 mg/day. Tardive dyskinesia: Oral: Initial: 6 mg twice daily; may increase dose weekly based on response and tolerability in increments of 6 mg/day. Administer in two divided doses if total daily dose ≥ 12 mg; maximum recommended dose: 48 mg/day. Maximum Quantity limit: 4 tablets per day
Ingrezza[®] cap	<ul style="list-style-type: none"> Tardive dyskinesia: Oral: Initial: 40 mg once daily; after 1 week, increase to 80 mg once daily. Continuation of 40 or 60 mg once daily may be considered for some patients based on response and tolerability. Maximum Quantity limit: 1 capsule per day
Xenazine[®] tab and tetrabenazine (generic Xenazine[®])	<ul style="list-style-type: none"> Chorea associated with Huntington disease: Initial: 12.5 mg once daily in the morning, may increase to 12.5 mg twice daily after 1 week. Dosage may be increased by 12.5 mg daily at weekly intervals; daily doses >37.5 mg should be divided into 3 doses (maximum single dose: 25 mg). Tardive dyskinesia: Oral: Initial: 50 mg/day in divided doses; if needed, may increase daily dose by 50 mg every 2 weeks up to maximum of 150 mg/day in divided doses Maximum Quantity limit: 4 tablets per day

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.

☐ Member must be 18 years of age or older

AND

☐ Prescribed by or in consultation with a neurologist or psychiatrist

AND

☐ Member must have a diagnosis of:

☐ Tardive Dyskinesia

OR

☐ Huntington's disease

Medication being provided by 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.****