

SENTARA COMMUNITY PLAN (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 the information provided is not complete, correct, or legible, the authorization process can 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"/> Austedo® (deutetrabenazine) XR titration Pack	<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	

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: _____

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Drug	Quantity Limits
Austedo® tab	<ul style="list-style-type: none"> • Maximum Quantity limit: 4 tablets per day
Austedo XR® tab	<ul style="list-style-type: none"> • Maximum Quantity limit: 1 tablet per day
Austedo XR® titration pack	<ul style="list-style-type: none"> • Maximum Quantity limit: 42 tablets per 365 days
Ingrezza® cap	<ul style="list-style-type: none"> • Maximum Quantity limit: 1 capsule per day
Xenazine® tab and tetrabenazine (generic Xenazine®)	<ul style="list-style-type: none"> • 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.****