

Fax completed prior authorization request form to 800-854-7614 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

All requested data must be provided. Incomplete forms or forms without the chart notes will be returned

Pharmacy Coverage Guidelines are available at www.mercycareaz.org/providers/completecare-forproviders/pharmacy

Monoamine Depletors Pharmacy Prior Authorization Request Form

Do not copy for future use. Forms are updated frequently REQUIRED: Medical records, including labs and weight or body surface area (BSA), to support diagnosis are required to be submitted Member Information Member Name (first & last): Date of Birth: Gender: Height: Male П Female Member ID: City: State: Weight: **Prescribing Provider Information** Provider Name (first & last): Specialty: NPI# DEA# Office Address: City: State: Zip Code: Office Contact: Office Phone Office Fax: **Dispensing Pharmacy Information** Pharmacy Name: Pharmacy Phone: Pharmacy Fax: **Requested Medication Information** Tetrabenazine Austedo Ingrezza Are there any hypersensitivity OR contraindications to formulary medications? (circle one): New request Yes No Recent ANC showing Recent ANC, CBC or PLT Continuation of Chemotherapy-All other therapy ONLY: induced neutropenia: response to therapy indications: counts Directions for Use: Strength: Dosage Form: Day Supply: Duration of Therapy/Use: Quantity: Medication request is NOT for an FDA approved, or compendia-ICD-10 Code: Diagnosis: supported diagnosis (circle one): What medications(s) has member tried and failed for this diagnosis? Please specify below. Turn-Around Time ☐ Standard – (24 hours) Urgent – waiting 24 hours for a standard decision could seriously harm life, health, or ability to regain maximum function, you can ask for an expedited decision. Signature: **Clinical Information** Is member receiving concurrent therapy with MAOI (selegiline, reserpine) OR additional VMAT2 inhibitor Yes No (tetrabenazine, valbenazine)? Hepatic Untreated OR Congenital long QT syndrome, Member has Active suicidal None thoughts or behavior dysfunction undertreated OR arrhythmias associated the following: apply with prolonged QT interval depression Tardive Dyskinesia - INITIAL REQUEST Is diagnosis moderate to severe tardive Is AIMS score ≥6? Yes Yes No dyskinesia? Has provider attempted alternative method to manage condition (dose reduction, discontinuation of offending Yes No medication OR switching to alterative agent such as atypical antipsychotic)? Please specify which atypical antipsychotic was used: Please specify time frame of stability on atypical antipsychotic: Tardive Dyskinesia – RENEWAL REQUEST Was there improvement in AIMS score (decrease from baseline by at least TWO points)? Yes Nο Provider is monitoring for Suicidal thoughts EKG, for members at Hepatic dysfunction Emergent or

ALL the following:	and behaviors risk for QT prolongation					(for Austedo only) worsening depression					sion
☐ Huntington's Chorea – INITIAL REQUEST											
Is diagnosis confirmed by neurologist consult AND genetic testing?		□ Y	'es	□ No		nadequate response OR side effects to amantadine?			Yes		No
Does member have Unified		isease R	Rating S	cale (UHDRS) total maxima	al chorea score of ≥8?			Yes		No
☐ Huntington's Chorea – RENEWAL REQUEST											
Did member have improve	ment in Total Ma	ximal Cl	norea s	core ≥3 points	s from baselin	e?			Yes		No
Provider is monitoring for	☐ Suicidal th			EKG, for me		☐ Hepatic dysfunction		Emerg			
ALL the following: and behaviors risk for QT prolongation						(for Austedo only) worsening depression					
Additional information the prescribing provider feels is important to this review. Please specify below or submit medical records											
Signature affirms that information given on this form is true and accurate and reflects office notes.											
Prescribing Provider's Si	Date:										

Please note: Incomplete forms or forms without the chart notes will be returned.

Office notes, labs, and medical testing relevant to the request that show medical justification are required. Standard turnaround time is 24 hours. You can call 800-624-3879 to check the status of a request.

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