

ALL the following:	and behaviors	risk for QT prolongation	(for Austedo only)	worsening depression
<input type="checkbox"/> Huntington's Chorea – INITIAL REQUEST				
Is diagnosis confirmed by neurologist consult AND genetic testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was there inadequate response OR intolerable side effects to amantadine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does member have Unified Huntington's Disease Rating Scale (UHDRS) total maximal chorea score of ≥8?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Huntington's Chorea – RENEWAL REQUEST				
Did member have improvement in Total Maximal Chorea score ≥3 points from baseline?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider is monitoring for ALL the following:	<input type="checkbox"/> Suicidal thoughts and behaviors	<input type="checkbox"/> EKG, for members at risk for QT prolongation	<input type="checkbox"/> Hepatic dysfunction (for Austedo only)	<input type="checkbox"/> Emergent or 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 Signature: _____	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 800-564-5465 to check the status of a request.