

Xenazine (Tetrabenazine) Prior Authorization Form



Physicians Plus
INSURANCE CORPORATION

START HERE

**Member &
Prescriber
Information**

Member Name:	Prescriber Name:
	Prescriber Specialty:
Member Date of Birth:	Prescriber Phone #:
Member ID #:	Prescriber Fax #:

Criteria

Must have Huntington's Disease with chorea symptoms bothersome to patient

Other hyperkinetic movement disorders not eligible for coverage & considered experimental.

Patient under the care of a neurologist.

Patient must have failed 2 prior drug therapies.

Initial approval length is 12 months.

Diagnosis:

Exercise caution when using Xenazine in patients with conditions listed below

Depression with or without suicide ideation	Pregnancy or nursing
Parkinsons disease	Abnormal liver enzymes
Swallowing difficulties (dysphagia)	Impaired renal function
Orthostatic hypotension	Dementia
Hepatitis B or C or abnormal liver function	Psychosis

Patient new to Xenazine (Tetrabenazine) therapy

(select therapies already used for the treatment of this patient's chorea)

- | | |
|--|---|
| <input type="checkbox"/> Risperidone (Risperdal) | <input type="checkbox"/> Olanzapine (Zyprexa) |
| <input type="checkbox"/> Reserpine | <input type="checkbox"/> Mirtazepine |
| <input type="checkbox"/> Citalopram | <input type="checkbox"/> Typical antipsychotics |
| <input type="checkbox"/> Aripiprazole (Abilify) | <input type="checkbox"/> Other: _____ |

Patient using Xenazine (Tetrabenazine) therapy

Current Xenazine Regimen:

**Choose
Regimen**

- Xenazine** 12.5mg three times daily (use 12.5mg tablets)
- Xenazine** 25mg three times daily (use 25mg tablets)
- Xenazine** 50mg three times daily (use 25mg tablets)

**Sign/Date &
Mail or Fax**

Prescriber Signature: _____ Date: _____

Prescriber NPI: _____

Mailing Address

Physicians Plus Insurance Corporation
Attn: Pharmacy Services
P.O. Box 2078
Madison WI 53701-2078

Physicians Plus Pharmacy Services Fax:

(608) 258-1905

Prior Authorization Questions?

(608) 260-7803 or (800) 545-5015 (ext. 7803)

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