



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Tetrabenazine

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. Please note any information left blank or illegible may delay the review process.

Form with fields for Patient Name, Member/Subscriber Number, Date of Birth, Group Number, Address, City, State ZIP, Primary Phone, Prescriber Name, Supervising Physician, Fax, Office Contact, NPI, Address, City, State ZIP, Specialty/facility name, and State Lic ID.

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. For what diagnosis is this being prescribed (pick one)?
Q2. Please provide the ICD diagnosis code for the above condition.
Q3. Is the prescribing physician a neurologist?
Q4. Is the patient greater than or equal to 18 years of age?
Q5. If for tardive dyskinesia, does the patient have failure of an adequate trial, intolerance or contraindication to clonazepam?



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Patient Name: Prescriber Name: Supervising Physician:

Q6. If for Tourette's Syndrome or tic disorder, does the patient have failure of an adequate trial, intolerance or contraindication to any of the following? (Please select all that apply)

- Clonidine
Guanfacine
Haloperidol
Pimozide
Risperidone
Other (please specify)

Q7. Additional Comments:

Prescriber Signature

Date

Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to a SWHP pharmacist or medical director at 1-800-728-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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