



Tetrabenazine

Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
You may also send your request via email to: medicarepartdparequests@express-scripts.com

Form with fields: Member's Last Name, Member's First Name, SCAN ID number, Date of Birth, Prescriber's Name, Contact Person, Office phone, Office Fax.

Form with fields: Medication, Diagnosis.

SECTION A Please answer the following questions

- 1. Yes No Is the diagnosis or indication for the treatment of chorea associated with Huntington's disease?
2. Yes No Is the patient restarting tetrabenazine? If no, skip question 3
3. Yes No Has the patient had a documented clinical response and benefit from the previous tetrabenazine use?
4. Yes No Is tetrabenazine being written or recommended by a neurologist?
5. Yes No Will tetrabenazine be used in actively suicidal patients or in patients with untreated or inadequately treated depression?
6. Yes No Does the patient have impaired hepatic function?
7. Yes No Will tetrabenazine be used concurrently with monoamine oxidase inhibitors?

8. Yes No Will tetrabenazine be used concurrently with reserpine?
9. Yes No Has the member used Austedo prior to the initiation of Tetrabenzaine and has Austedo been ineffective or would not be as effective as Tetrabenzaine in the treatment of the member's disease/medical condition (or has Austedo caused or is likely to cause an allergy/adverse reaction or other harm to the member)?

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>