



## Xenazine® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

| Member Information (required) |        |      | Provider Information (required) |        |            |
|-------------------------------|--------|------|---------------------------------|--------|------------|
| Member Name:                  |        |      | Provider Name:                  |        |            |
| Insurance ID#:                |        |      | NPI#:                           |        | Specialty: |
| Date of Birth:                |        |      | Office Phone:                   |        |            |
| Street Address:               |        |      | Office Fax:                     |        |            |
| City:                         | State: | Zip: | Office Street Address:          |        |            |
| Phone:                        |        |      | City:                           | State: | Zip:       |

| Medication Information (required)   |  |                     |              |
|---|--|---------------------|--------------|
| Medication Name:  |  | Strength:           | Dosage Form: |
| <input type="checkbox"/> Check if requesting <b>brand</b>                       |  | Directions for Use: |              |
| <input type="checkbox"/> Check if request is for <b>continuation of therapy</b> |  |                     |              |

| Clinical Information (required)   |
|---|
| <b>Clinical information:</b>  |
| Does the patient have a confirmed diagnosis of chorea associated with Huntington's disease? <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| Is the requested medication prescribed by or in consultation with a neurologist or psychiatrist? <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?**

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Please note: This request may be denied unless all required information is received.  
For urgent or expedited requests please call 1-855-401-4262.  
This form may be used for non-urgent requests and faxed to 1-844-403-1029.