BlueCross BlueShield of North Carolina | HealthyBlue

Xenazine and Tetrabenazine Prior Authorization Form

Member Information

1. Member Last Name:____________________________ 2. First Name:____________________________
3. Member ID #:_____________________ 4. Member Date of Birth:_______________ 5. Member Gender:________

Prescriber Information

6. Prescribing Provider NPI#:_______________________________
7. Requester Contact Information Name: ____________________________________
Phone #:__________________ Ext: ________

Drug Information

8. Drug Name: _____________________ 9. Strength: ___________ 10. Quantity Per 30 Days:____________
11. Length of Therapy (in days):

Initial Request (days): ☐ 30 ☐ 60 ☐ 90 ☐ 120 ☐ 180

Continuation Request (days): ☐ 30 ☐ 60 ☐ 90 ☐ 120 ☐ 180 ☐ 365

Clinical Information

Initial Request

1. Does the member have a diagnosis of Huntington’s Disease and is experiencing signs and symptoms of chorea? ☐ Yes ☐ No
2. Is the member 18 years old or older? ☐ Yes ☐ No
3. Is the member receiving dual therapy with other vesicular monoamine transporter 2 (VMAT2) inhibitors? ☐ Yes ☐ No
4. Is the member concurrently using a monoamine oxidase inhibitor (MAOI) or reserpine? ☐ Yes ☐ No
5. Does the member have a history of depression or suicidal ideation? ☐ Yes ☐ No
   5a. If yes, is the member being treated and/or stable? ☐ Yes ☐ No

Continuation Request (must also answer questions 1-5a above)

1. Has the member met all the above criteria? ☐ Yes ☐ No
2. Has the provider submitted documentation with this request that indicates the member has had an improvement in their symptoms from baseline? ☐ Yes ☐ No

Signature of Prescriber: ____ Date: __________________
(Prescriber signature mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Fax this form to **1-844-376-2318**
Healthy Blue Pharmacy PA Call Center: **1-844-594-5072**

https://provider.healthybluenc.com

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