

# Xenazine<sup>®</sup> (tetrabenazine)

## Prior Authorization Request (Physician to Complete)



Visit [www.wellmark.com](http://www.wellmark.com) for the Wellmark Drug List for current medication tier levels and updated PA Forms

### Facsimile Transmittal Sheet

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: Wellmark Pharmacy Services

From (Prescriber's Name): \_\_\_\_\_

Fax Number: (866) 884-4345

Prescriber's DEA Number: \_\_\_\_\_

Phone Number: (800) 600-8065

Prescriber's Phone Number: \_\_\_\_\_

Prescriber's Specialty: \_\_\_\_\_

Prescriber's Fax Number: \_\_\_\_\_

Prescriber's Office Address: \_\_\_\_\_  
Street Suite # City State Zip

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer the following questions and fax this form back to (866) 884-4345. All fields are REQUIRED.

1. Please provide the diagnosis this therapy has been prescribed for: \_\_\_\_\_

ICD-9 Code: \_\_\_\_\_

2. Drug Strength: \_\_\_\_\_ mg Quantity/30 days: \_\_\_\_\_ units

Directions: \_\_\_\_\_

3. Patient Age \_\_\_\_\_ years

4. Does the patient meet any of the following criteria? Please make a check next to those that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Impaired hepatic function                    | <input type="checkbox"/> Recent history of myocardial infarction                              |
| <input type="checkbox"/> Untreated or inadequately treated depression | <input type="checkbox"/> Recent history of unstable heart disease                             |
| <input type="checkbox"/> Actively suicidal                            | <input type="checkbox"/> Current therapy with Marplan, Nardil or Parnate                      |
| <input type="checkbox"/> Congenital long QT syndrome                  | <input type="checkbox"/> Currently using reserpine or use within last 20 days                 |
| <input type="checkbox"/> History of cardiac arrhythmias               | <input type="checkbox"/> Current use of a medication known to cause QTc interval prolongation |

5. If the request is for greater than 50mg/day, was the CYP2D6 gene testing completed?

- No gene testing was not completed.
- Yes, gene testing was completed with the following results:
- The patient does NOT express the CYP2D6 gene
  - The patient does express the CYP 2D6 gene

6. Please list all current medications for this patient on separate sheet.

**Attach lab results and other documentation as necessary**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

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