FUTURE SCRIPTS

Please complete ALL information below and fax your request to 1-888-671-5285

Austedo® 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:
❑ Check if **generic substitution** is acceptable	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

❑ Chorea associated with Huntington's disease

❑ Tardive dyskinesia

❑ Other diagnosis: _____ ICD-10 Code(s): _____

For chorea associated with Huntington's disease, answer the following:

Is the Austedo prescribed by or in consultation with a neurologist? ❑ **Yes** ❑ **No**

For tardive dyskinesia, answer the following:

Does the patient have moderate to severe tardive dyskinesia? ❑ **Yes** ❑ **No**

Is the patient a candidate for a trial of dose reduction, tapering, or discontinuation of the offending medication? ❑ **Yes** ❑ **No**

Does the patient have persistent symptoms of tardive dyskinesia despite a trial of dose reduction, tapering, or discontinuation of the offending medication? ❑ **Yes** ❑ **No**

Is Austedo prescribed by or in consultation with a neurologist or psychiatrist? ❑ **Yes** ❑ **No**

Is there documentation of baseline Abnormal Involuntary Movement Scale (AIMS)? ❑ **Yes** ❑ **No**

Reauthorization:

Is there documentation of positive clinical response to Austedo therapy, as demonstrated by the improvement in Abnormal Involuntary Movement Scale (AIMS)? ❑ **Yes** ❑ **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?

_____

_____

Please note: This request may be denied unless all required information is received.