

**Health New England**  
**Medication Request Form (MRF)/Prescription Request**  
**Xenazine® (tetrabenazine)**

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:
Physician:
Pharmacy:
Patient:

**Prior Authorization**

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Approved:
Quantity approved:
PA from and thru date:
PA #
Denied:
Returned:

**Instructions:**

This form is to be used by participating physicians and pharmacy providers to obtain coverage of Xenazine®. Please complete this form and fax to MedMetrics Health Partners at **(800) 550-9246**. If you have any questions regarding this process, please contact MedMetrics clinical call center at **(866) 209-1057**.

**Medication Request Information (please complete each section of this form prior to transmittal):**

Patient Information (all required)	Physician Information (all required)
<b>Patient Name:</b>	<b>Physician Name:</b>
	<b>Specialty:</b>
<b>Patient Cell Phone #:</b> (     )     -	<b>NPI#</b>
<b>Patient HNE ID#:</b>	<b>HNE Provider #:</b>
<b>Patient Date of Birth:</b>	<b>DEA #:</b>
<b>Allergies:</b>	<b>Telephone #:</b> (     )     -
<b>Diagnosis:</b>	<b>Fax # (required):</b> (     )     -

**Drug Information**

<b>Requested Drug/Strength/Form:</b> Xenazine® (tetrabenazine)		
<b>Dose, Directions, and length of treatment (please be specific):</b>	<b>Quantity (per month):</b>	<b>Refills:</b>
<b>Physician Signature:</b>	<b>Date:</b>	

**Indication:**

- Treatment of chorea associated with Huntington's Disease.
- Other (please describe): \_\_\_\_\_

**Documentation of Medical Necessity (check all that apply):**

- Ordering physician is a neurologist
- Diagnosis is chorea associated with Huntington's disease.
- Patient tried and failed at least two of the following: amantadine, an antipsychotic (fluphenazine, haloperidol, risperidone, ziprasidone, quetiapine or olanzapine), riluzole, or a benzodiazepine).
- Physician and patient enrolled in the Risk Evaluation and Mitigation Strategy (REMS)\* program?
- Patient have any of the following contraindications to Xenazine? (Actively suicidal or has untreated or inadequately treated depression, impaired hepatic function, use of Xenazine concomitantly with monoamine oxidase inhibitors)
- Patient currently taking reserpine or has taken reserpine in the past 20 days?
- Patient wait at least 20 days after stopping reserpine before initiating Xenazine therapy?
- If dose is greater than 50 mg/day, has CYP2D6 genotyping been preformed (Copy of results attached)
- Other pertinent history: \_\_\_\_\_