

Beneficiary Information

1. Beneficiary Last Name: _____	2. First Name: _____
3. Beneficiary ID #: _____	4. Beneficiary Date of Birth: _____
5. Beneficiary Gender: _____	

Prescriber Information

7. Prescribing Provider NPI #: _____		
8. Requester Contact Information		
Name: _____	Phone #: _____	Ext. _____

Drug Information

9. Drug Name: _____	10. Strength: _____	11. Quantity per 30 days: _____
12. Length of Therapy		
Initial Request (circle # days):	30 60 90 120 180	
Continuation Request (circle # days):	30 60 90 120 180 365	

Clinical Information
Initial Request

1. Does the beneficiary have a diagnosis of moderate to severe Tardive Dyskinesia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the beneficiary 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has the provider submitted documented baseline evaluations of the condition using either Abnormal Involuntary Movement Scale(AIMS) or Extrapyramidal Symptom Rating Scale (ESRI) along with this request? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has the beneficiary received a previous trial of an alternative method to manage the condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list method tried _____	
5. Is the beneficiary receiving dual therapy with other vesicular monoamine transporter 2 (VMAT2) inhibitors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Is the beneficiary concurrently using a monoamine oxidase inhibitor (MAOI) or reserpine? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Continuation Request (must also answer questions 1-6 above)

1. Has the beneficiary met all the above criteria (questions 1-6)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Has the provider submitted documentation with this request that indicates the beneficiary has had an improvement in their symptoms from baseline? <input type="checkbox"/> Yes <input type="checkbox"/> 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.