



ALL the following:	and behaviors	risk for QT prolongation	(for Austedo only)	worsening depression
<b><input type="checkbox"/> Huntington's Chorea – INITIAL REQUEST</b>				
Is diagnosis confirmed by neurologist consult AND genetic testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was there inadequate response OR intolerable side effects to amantadine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does member have Unified Huntington's Disease Rating Scale (UHDRS) total maximal chorea score of ≥8?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><input type="checkbox"/> Huntington's Chorea – RENEWAL REQUEST</b>				
Did member have improvement in Total Maximal Chorea score ≥3 points from baseline?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider is monitoring for ALL the following:	<input type="checkbox"/> Suicidal thoughts and behaviors	<input type="checkbox"/> EKG, for members at risk for QT prolongation	<input type="checkbox"/> Hepatic dysfunction (for Austedo only)	<input type="checkbox"/> Emergent or worsening depression
<b>Additional information the prescribing provider feels is important to this review. Please specify below or submit medical records</b>				

<b>Signature affirms that information given on this form is true and accurate and reflects office notes.</b>	
<b>Prescribing Provider's Signature:</b> _____	<b>Date:</b> _____

**Please note: Incomplete forms or forms without the chart notes will be returned.**

Office notes, labs, and medical testing relevant to the request that show medical justification are required.  
 Standard turnaround time is 24 hours. You can call 800-624-3879 to check the status of a request.