

## Pharmacy Services

(800) 522-0114, option 4

October 23, 2017

**RE: Prior Authorization of Xenazine® (Tetrabenazine) – Effective November 6, 2017**

Dear SoonerCare Provider,

The purpose of this fax is to provide information regarding criteria recently established for the reimbursement of Xenazine® (tetrabenazine). You are receiving this fax because you prescribed or dispensed Xenazine® for SoonerCare member(s) within the past 6 months. **Effective 11/06/2017, Xenazine® (tetrabenazine) will require prior authorization.**

If a SoonerCare member is currently on therapy with Xenazine®, the medication will be “grandfathered”. If the drug is obtained through the pharmacy claim system, it will be automatically prior authorized based on past claims. Xenazine® will require submission of a prior authorization request after 11/06/2017. If a member requires Xenazine®, prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services.

The specific prior authorization criteria for Xenazine® (tetrabenazine) can be downloaded from [www.okhca.org/rx-pa](http://www.okhca.org/rx-pa), then clicking “Central Nervous System/Behavioral Health”, then clicking subcategory “Movement Disorders”.

Prior authorization request forms can be found online at [www.okhca.org/forms](http://www.okhca.org/forms) (PHARM-04).

Thank you for the services you provide to Oklahomans insured by SoonerCare!