

Is the cross-tapering due to transitioning from one medication to another?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
For refractory schizophrenia spectrum disorder:	Is there evidence of adequate trials with 3 individual antidepressants listed on the formulary?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were these trials for a period of 4-6 weeks at maximum tolerated doses?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Failures were due to ONE of the following:	<input type="checkbox"/> Inadequate response at maximum tolerated doses	<input type="checkbox"/> Adverse reaction(s)		<input type="checkbox"/> Break through symptoms
For refractory bipolar disorder w/psychosis and/or severe symptoms:	Were there trials of 4 evidence-based treatment options dependent upon episode type?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were these trials for a period of 4-6 weeks at maximum tolerated doses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Failures were due to ONE of the following:	<input type="checkbox"/> Inadequate response at maximum tolerated doses	<input type="checkbox"/> Adverse reaction(s)	<input type="checkbox"/> Break through symptoms	
Are there TWO different prescribers prescribing that the coordination of care has occurred?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there documentation that adherence to treatment regimen was not a contributing factor to inadequate response to medication trials?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional information the prescribing provider feels is important to this review. Please specify below or submit medical records.				

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

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