

Fax completed prior authorization request form to 855-247-3677 (Integrated population) or 855-246-7736 (SMI Non- Title population) or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

All requested data must be provided. Incomplete forms or forms without the chart notes will be returned

Pharmacy Coverage Guidelines are available at www.mercycareaz.org/providers/rbha- forproviders/pharmacy

Concomitant Antipsychotic Treatment Pharmacy Prior Authorization Request Form

Do not copy for future use. Forms are updated frequently

RI

Member Information	-4\.		D -4	- f D:-41-	0					I I a lad t		
Member Name (first & last):			Date of Birth:		Gender:				Height:			
						lale		Fem	ale			
Member ID:	City:		State:					Weight:				
Prescribing Provider I	nformation											
Provider Name (first & last):			Specialty:			NPI#			DEA#			
Office Address:			City:			State:				Zip Code:		
Office Contact:			Office Phone				Office Fax:					
Dispensing Pharmacy	Information											
Pharmacy Name:			Pharm	Pharmacy Phone:			Pharmacy Fax:					
Turn-Around Time												
□ Standard – (24 hou		– Waiting 24 hour um function; you a					rm life	, healt	h, or al	oility to regain		
Requested Medication												
□ aripiprazole	aripiprazole			aripiprazole \Box			aripiprazole			□ aripiprazole		
□ loxapine	□ loxapine		loxapine	loxapine		□ loxapine			□ loxapine			
□ perphenazine	□ perphena	azine	perphena	perphenazine		□ perphenazine			□ perphenazine			
☐ Other (please spec	ify):				l							
Are there any contraindi	cations to formula	ry medications?	□ Ye	es 🗆	No E	New Red	uest		Contin	uation of therapy		
(If yes, please specify):												
Medications were starte	d during recent ho	spitalization (circle	e one):			uest is NOT iosis (circle d		n FDA	appro	ved, or compend		
Yes No What is the diagnosis IDC-10 Code?				Yes No Diagnosis:				No				
vvnat is the diagnosis it	0C-10 Code?			Diagnos	SIS:							
What medication(s) wer	e tried and failed fo	or this diagnosis?										
Directions for Use:												
	Day Supply: Dura		ration of Therapy/Use:		Strength:			Dosage Form:				
Quantity: Day	Supply:	Duration of T	herapy/Use:			Strength:			osage	Form:		

Effective: 11/10/2021 C2962-A Page 1 of 2

Is the cross-tapering due to tr	Is the cross-tapering due to transitioning from one medication to another?										
For refractory schizophrenia Is there evidence of adequate trials with 3 individual antidepressants listed on the \(\subseteq \) Yes \(\subseteq \) No											
spectrum disorder:	formular	· · · · · · · · · · · · · · · · · · ·									
Were these trials for a period			Yes		No						
Failures were due to ONE of	tion(s)		Break	thro	ugh						
following:		☐ Inadequate response at maximum ☐ Adverse real tolerated doses	` '		symp		-				
For refractory bipolar	Were there	ials of 4 evidence- D Yes D No Were these tria	ls for a		Yes		No				
disorder w/psychosis	based treatment options period of 4-6 weeks at										
and/or severe symptoms:	dependent (oon episode type? maximum toler	maximum tolerated doses?								
Failures were due to ONE of	the following:	☐ Inadequate response at ☐ Adverse reaction(s) □ Break	k thro	ugh syr	mptor	ns				
		maximum tolerated doses									
Are there TWO different pres	cribers prescr	ing that the coordination of care has occurred?			Yes		No				
Is there documentation that a	dherence to t	eatment regimen was not a contributing factor to inadequate	response to		Yes		No				
medication trials?											
Additional information the	orescribing p	ovider feels is important to this review. Please specify	pelow or subr	nit m	edical	reco	rds.				
Signature affirms that infor	mation given	on this form is true and accurate and reflects office note	S								
Signature affirms that infor		on this form is true and accurate and reflects office note	s. 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 800-564-5465 to check the status of a request

Effective: 11/10/2021 C2962-A Page 2 of 2