

## Iowa Department of Human Services

**FAX Completed Form To** 1 (800) 574-2515

Provider Help Desk 1 (877) 776-1567

## Request for Prior Authorization Concurrent IM/PO Antipsychotic Utilization

(PLEASE PRINT - ACCURACY IS IMPORTANT) DOB IA Medicaid Member ID # Patient name Patient address Provider NPI Prescriber name Phone Prescriber address Fax Pharmacy name Address Phone Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned. Pharmacy fax Pharmacy NPI NDC A prior authorization is required for concurrent long acting injectable and oral antipsychotic medications after 12 weeks (84 days) of concomitant treatment for members 18 years of age and older. Consideration of concomitant therapy beyond 12 weeks (84 days) will require documentation of medical necessity. Prior authorization is required for all non-preferred antipsychotics as indicated on the Iowa Medicaid Preferred Drug List beginning the first day of therapy. Payment for nonpreferred antipsychotics will be considered only for cases in which there is documentation of previous trials and therapy failures with a preferred agent. **Injectable Antipsychotic Medication:** Drug Name & Strength: \_\_\_\_\_\_Dosing Instructions: \_\_\_\_\_ Quantity: \_\_\_\_\_Days supply: \_\_\_\_\_ **Oral Antipsychotic Medication:** Drug Name & Strength: \_\_\_\_\_\_ Dosing Instructions: \_\_\_\_\_ Quantity: \_\_\_\_\_ Days supply: \_\_\_\_\_ **Diagnosis:** Medical Necessity for concurrent IM/PO antipsychotic use beyond 12 weeks (84 days): Proposed Drug Tapering Schedule: Reason for use of Non-Preferred drug requiring prior approval: Other medical conditions to consider: Attach lab results and other documentation as necessary. Prescriber signature (Must match prescriber listed above.) Date of submission

**IMPORTANT NOTE:** In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.