PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Risperdal Consta® (Risperidone)

Phone: 215-991-4300 Fax back to: 866-240-3712

HEALTH PARTNERS manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please print clearly.**

Patient Name:	**Physician Name:**	
Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic. Id:
Address:	Address:	
City, State, Zip:	City, State, Zip:	

Drug Name:

Expedited/Urgent

Directions:

Please answer the following questions and sign below:

Q1. What is the requested duration of therapy?

6 months or less

More than 6 months

Q2. What is the patient's age?

Less than 18 years

Equal to or greater than 18 years

Q3. What is the patient's diagnosis?

Schizophrenia

Other

Q4. If other, please provide the diagnosis below.

Q5. Does the patient have a long-term history (> 3 months) of oral anti-psychotic medication noncompliance?

Yes

No

Q6. Does documentation submitted indicate significant clinical decompensation or is there a high risk for decompensation and functional impairment (e.g., hospitalizations, safety risk) ?

Yes

No

Q7. Does documentation submitted on a drug adherence treatment plan indicate that the patient failed the following types of measures to improve compliance with formulary oral medications and/or a reason why any of the following measures were not implemented to improve compliance with formulary oral medication as clinically applicable: (check all that apply)

i. Psychosocial interventions

ii. Psychoeducational interventions that have a behavioral component and supportive services

iii. Provided member with concrete instructions and problem-solving strategies (i.e., reminders, self-monitoring tools, cues and reinforcements)

Does the patient have a documented medical reason (i.e., documented treatment failure to maximum doses and/or intolerable side effects or drug interactions) for not using formulary atypical antipsychotic agents?

None of these

Q8. Does the patient have a documented history of receiving a minimum of 2 mg of oral Risperdal daily without any clinically significant side effects?

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Yes No

Q9. Deliver to:

Physician's Office Home Delivery

Q10. Delivery date needed:

Physician Signature **Date**

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