



Prior Authorization Request Form for Risperdal® Consta®

Please fax all Prior Authorization requests for medications to the Magellan Pharmacy Helpdesk at **866-498-0628**
 Only one medication request per form • All fields must be complete and legible for review
If the request is urgent, please call 800-790-1631.

All requests for reconsideration, regardless of reason, should be faxed to 866-498-0628 clearly marked "Reconsideration Request"

PRESCRIBER	RECIPIENT
PRESCRIBER NPI	RECIPIENT ID NUMBER (CIS OR AHCCCS ID)
PRESCRIBER NAME	RECIPIENT NAME
PRESCRIBER SPECIALTY	RECIPIENT DATE OF BIRTH (MM/DD/YYYY)
CLINIC NAME	<input type="radio"/> FEMALE <input type="radio"/> MALE
OFFICE PHONE	RECIPIENT SEX (CIRCLE)
OFFICE FAX	Height (inches) _____ Weight (lbs) _____
CONTACT NAME	RECIPIENT HAS A DIAGNOSIS OF: <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Bipolar Disorder Type 1 <input type="checkbox"/> Schizophreniform Disorder <input type="checkbox"/> Other (document below) <input type="checkbox"/> Schizoaffective Disorder

REQUEST	RISPERDAL® CONSTA®	IM	BIWEEKLY
	MEDICATION NAME STRENGTH AND FORM	ROUTE OF ADMINISTRATION	FREQUENCY
	DATE THERAPY INITIATED (MM/DD/YYYY)	EXPECTED LENGTH OF THERAPY	QUANTITY PER FREQUENCY

RATIONALE FOR EXCEPTION OR PRIOR AUTHORIZATION	Please indicate "YES" or "NO" to the following questions:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the recipient at least 18 years old?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Can the recipient tolerate at least 2mg/day of oral risperidone?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the recipient have a documented history of poor adherence to oral risperidone?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have recipient education and other efforts to improve adherence to oral risperidone been tried (e.g. counseling with a Peer Medication Coach or Medi-Set training)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	The recipient is not currently on oral risperidone, or, if they are on oral, they will discontinue oral risperidone within 60 days after Risperdal® Consta® is initiated?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are target symptoms clearly documented and tracked over time in the psychiatric progress notes and assessments?
DOCUMENT OTHER RATIONALE FOR TREATMENT	
PRESCRIBER'S SIGNATURE	DATE
<i>By signing this form, the prescriber is attesting that documentation supporting the above information is recorded in the Patient's Medical Chart.</i>	