Iowa Department of Human Services

Request for Prior Authorization
Concurrent IM/PO Antipsychotic Utilization

FAX Completed Form To
1 (800) 574-2515

Provider Help Desk
1 (877) 776-1567

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name	DOB
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 NPI	Pharmacy fax	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 non-preferred 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): __________________________

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Proposed Drug Tapering Schedule: ____

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Reason for use of Non-Preferred drug requiring prior approval: __________________________________

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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.*