MAGELLAN HEALTH SERVICES®
Getting Better All the Time™

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

PRESCRIBER NPI

PRESCRIBER NAME

PRESCRIBER SPECIALTY

CLINIC NAME

OFFICE PHONE

OFFICE FAX

CONTACT NAME

RECIPIENT

RECIPIENT ID NUMBER (CIS OR AHCCCS ID)

RECIPIENT NAME

RECIPIENT DATE OF BIRTH (MM/DD/YYYY)

FEMALE MALE

RECIPIENT SEX (CIRCLE)

Height (inches) Weight (lbs)

RECIPIENT HAS A DIAGNOSIS OF:

☐ Schizophrenia ☐ Bipolar Disorder Type 1
☐ Schizophreniform Disorder ☐ Other (document below)
☐ Schizoaffective Disorder

REQUEST

RISPERDAL® CONSTA®		**IM**	**BIWEEKLY**
MEDICATION NAME	STRENGTH AND FORM	ROUTE OF ADMINISTATION	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:

☐ YES	☐ NO	Is the recipient at least 18 years old?
☐ YES	☐ NO	Can the recipient tolerate at least 2mg/day of oral risperidone?
☐ YES	☐ NO	Does the recipient have a documented history of poor adherence to oral risperidone?
☐ YES	☐ 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)?
☐ YES	☐ 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?
☐ YES	☐ 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

By signing this form, the prescriber is attesting that documentation supporting the above information is recorded in the Patient's Medical Chart.