## **ANTIPSYCHOTICS** PRIOR AUTHORIZATION FORM





(form effective 1/8/2024)

Fax to PerformRx<sup>SM</sup> at **1-855-851-4058**, or to speak to a representative, call **1-866-907-7088**.

PRIOR AUTHORIZATION REQUEST INFORMATION    New request   Page year   Total page   Office contact/change   ITC facility   ITC f							
□ New request □ Renewal request □ Total pages: Office contact/phone:					LTC facility contact/phone:		
PATIENT INFORMATION							
Patient name:		Patient ID#:		DOB:			
Street address:			Ap	t #:	City/state/zip:		
PRESCRIBER INFO	RMATION						
Prescriber name: Specialty:				NPI:		Ctato lie	cense #:
Street address:				ite #:	City/state/zip:	State III	Jense #.
Phone:			Jou	Fax:	oity/otato/2ip.		
MEDICATION REQUESTED							
Preferred Agents	<i>-</i>						
☐ Abilify Asimtufii		ne oral concentrate	☐ haloperidol lactate	□ lurasidor		☐ quetiapine ER tal	
☐ Abilify Maintena☐ aripiprazole tablet	<ul><li>☐ fluphenazir</li><li>☐ fluphenazir</li></ul>		oral concentrate □ Invega Hafyera	e □ olanzapine tablet □ paliperidone ER tab		☐ Risperdal Consta ☐ Zyprexa Relprevv ☐ risperidone solution	
☐ Aristada ER injection	□ haloperidol	tablet	☐ Invega Sustenna	perphenazine tablet		☐ risperidone table	et .
☐ Aristada Initio injection☐ clozapine tablet	<ul><li>□ haloperidol</li><li>□ haloperido</li></ul>	decanoate inj. Hactate ini	<ul><li>☐ Invega Trinza</li><li>☐ loxapine capsule</li></ul>	☐ Perseris ER injection lle ☐ quetiapine tablet		☐ trifluoperazine ta	ıblet
Non-Preferred Agents	— паюрение	i idotato inj.	ioxapine capsule	— чиспарп	ic tablet		
☐ Abilify Mycite	□ chlorproma		☐ Geodon capsule	☐ Nuplazio		☐ Secuado patch	☐ Versacloz suspension
☐ Abilify tablet☐ Adasuve inhalation	<ul><li>□ chlorproma</li><li>□ chlorproma</li></ul>		<ul><li>☐ Geodon injection</li><li>☐ Haldol decanoate inj.</li></ul>	□ olanzapi	ne inj/ODT ne/fluoxetine cap	<ul><li>☐ Seroquel tablet</li><li>☐ Seroquel XR tab</li></ul>	☐ Vraylar capsule let ☐ Ziprasidone inj.
☐ amitriptyline/perphenazine	☐ chorproma		☐ Invega ER tablet	□ bimozid	•	☐ Symbyax capsul	
☐ aripiprazole ODT	□ Clozaril tab	olet	☐ Latuda tablet	□ Rexulti t		☐ thioridazine tabl	,, ,
<ul><li>□ aripiprazole solution</li><li>□ asenapine SL</li></ul>	<ul><li>☐ Fanapt tab</li><li>☐ fluphenazi</li></ul>		<ul><li>□ Lybalvi</li><li>□ molindone tablet</li></ul>	□ Risperda	al solution/tablet one ODT	<ul><li>☐ thiothixene caps</li><li>☐ Uzedy ER</li></ul>	sule $\square$ other:
☐ Caplyta capsules		ne HCl injection	☐ Nuplazid capsule	☐ Saphris		_ 020dy E.N	
Strength:	Dosage form:		Directions:			Qua	ntity: Refills:
Diagnosis:						Diagnosis code (req	uired):
PHARMACY INFORMATION (Prescriber to identify the pharmacy that is to dispense the medication):							
PHARMACY INFOR	MATION (P	rescriber to ic	lentify the pharmac	y that is to d	ispense the n	nedication):	
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