



- Member has severe behavioral problems related to psychotic or neuro-developmental disorder such as, but not limited to: Autism spectrum disorder, Intellectual disability, Conduct disorder, Bipolar disease, Tic disorder (including Tourette's syndrome), Transient encephalopathy, Schizophrenia:\_\_\_\_\_
- Member has had a comprehensive evaluation as evident by chart notes
- Member has tried non-drug therapy (evidence-based behavioral, cognitive, and family based therapies) as evident by chart notes:\_\_\_\_\_
- Member has the following baseline and/or follow-up monitoring. Check all that apply and submit documentation for each.
  - BMI (or weight and height):\_\_\_\_\_
  - Blood pressure:\_\_\_\_\_
  - Fasting glucose level/A1c:\_\_\_\_\_
  - Fasting lipid panel:\_\_\_\_\_
  - Presence of extrapyramidal symptoms (EPS) using the Abnormal Involuntary Movement Scale (AIMS):\_\_\_\_\_

**RENEWAL REQUESTS FOR A MEMBER LESS THAN 18 YEARS OF AGE:**

- Member has the following baseline and/or follow-up monitoring. Check all that apply and submit documentation for each.
  - Improvement in target symptoms evident by:\_\_\_\_\_
  - BMI or weight monitored quarterly:\_\_\_\_\_
  - Blood pressure:\_\_\_\_\_
  - Fasting glucose level/A1c:\_\_\_\_\_
  - Fasting lipid panel:\_\_\_\_\_
  - Presence of extrapyramidal symptoms (EPS) using the Abnormal Involuntary Movement Scale (AIMS) after the first 3 months then annually:\_\_\_\_\_
  - Plan for taper/discontinuation of the Antipsychotic or rationale for continued use:\_\_\_\_\_

**RENEWAL REQUESTS FOR A MEMBER 18 YEARS OF AGE OR OLDER:**

- Documentation of tolerability and experienced a positive clinical response to requested medication evident by:\_\_\_\_\_

**IV. ADDITIONAL RATIONALE FOR REQUEST / PERTINENT CLINICAL INFORMATION :**

Appropriate clinical information to support the request on the basis of medical necessity must be submitted.	Provider Signature:	Date:
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Pharmacy Department will respond via fax or phone within 24 hours.  
 Requests for prior authorization (PA) requests must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)