≤ 17 Years Old Antipsychotic Authorization Request Form

For assistance, please call 855-552-6028 or fax completed form to 570-271-5610.

Medical documentation may be requested. This form will be returned if not completed in full.

Patient Information			
Patient name:			
Member ID#:		Medication:	
Address:		Strength:	
City:	State:	Frequency:	
Home phone:	Zip:	Quantity per month:	Number of refills:
Sex (circle): M F	DOB:	Drug allergies:	
Directions for use:			

Prescriber information	
Prescriber name:	Name of specialist if consulted:
NPI# (if available):	Prescriber or consulting physician's specialty: ☐ Pediatric neurologist ☐ Child and adolescent psychiatrist ☐ Child development pediatrician ☐ General psychiatrist for a member > 14 years old ☐ Other ______________________________
Address:	
City: State: Zip:	
Office phone #: Office fax #:	
Contact person:	
Documentation of comprehensive evaluation provided: ☐ Yes ☐ No	
Lab: Result: Date: Weight or BMI: ________/________ Blood pressure: ________/________ Fasting glucose: ________/________ Total cholesterol **or** LDL: (circle one) ________/________ Abnormal Involuntary Movement Scale (AIMS) score:: ________/________	**Diagnosis (check all that apply)** ☐ Autism spectrum disorder ☐ Intellectual disability ☐ Conduct disorder ☐ Bipolar disease ☐ Tic disorder, including Tourette's syndrome ☐ Transient encephalopathy ☐ Schizophrenia ☐ Other ____________________

Documentation of the following is required for reauthorization:

- Weight or BMI monitored quarterly
- Blood pressure, fasting glucose, fasting lipid panel and EPS using AIMS monitored after the first 3 months of therapy and then annually
- Documentation of improvement in behaviors
- Plan for taper/discontinuation of the antipsychotic or rationale for continued use

Documentation of improvement in behaviors:

☐ Plan for taper/discontinuation of the antipsychotic **OR**
☐ Rationale for continued use

Notes:

I attest that the above information is accurate to the best of my knowledge.

Prescriber's signature:

Geisinger Health Plan may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted.