



# Mental Health Drug Authorization Request Form for Atypical Antipsychotic

**FAX to 800-453-2273** (toll free)

SUBMITTED BY:  Prescriber  Pharmacy

**Agents - Not to be used for requesting other agents**  
Fax form must be filled out completely for consideration of request

(MAP-82101, revised 5/15/07)

<b>RECIPIENT NAME</b>	<b>MAID # (10 digits)</b> - - - - -	<b>DATE OF BIRTH</b>
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<b>First Health is directed to FAX a response to the following fax number (s):</b>	<i>Prescriber Fax # (Print Clearly)</i>	and / or	<i>Pharmacy Fax # (Print Clearly)</i>
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	PRESCRIBER Information	PHARMACY Information
<b>Name</b>		
<b>Specialty</b>		
<b>Phone #</b>		
<b>State License# or NPI # (no DEA #)</b>		<b>NPI # (no DEA #)</b>

	Drug Requested (Use separate form to request more than 3 drugs)	Dosage Form	Strength	Quantity	Directions for use	Start Date for this PA	National Drug Code (if known)
1							
2							
3							

**PERTINENT DIAGNOSES (INCLUDING ICD - 9 CODES:** Refer to website <http://Kentucky.fhsc.com>, select PROVIDERS, then select "PHARMACY PROVIDER NOTICE #011 - 2/8/05" for approvable ICD - 9 diagnosis codes) \_\_\_\_\_

**MEDICATION TO BE USED FOR UNLABELED USE** (if checked, please explain) \_\_\_\_\_

**CURRENT MEDICATIONS** \_\_\_\_\_

**PATIENT RECENTLY HOSPITALIZED** If checked, please provide hospitalization dates and discharge dosages of Atypical Antipsychotic medications in table below.

**MEDICAL JUSTIFICATION** (include drugs already tried in table below) \_\_\_\_\_

ATYPICAL ANTIPSYCHOTIC THERAPY (List of pertinent information regarding all Atypical Antipsychotics previously or currently used as reflected by documentation in physician's chart or recent hospitalization)	DOSAGE FORM	STRENGTH	DIRECTIONS FOR USE	DATE TREATMENT STARTED or date when hospitalized	DATE TREATMENT ENDED or date discharged from hospital