

Ticket #: _____ Request Date: _____ Request Time: _____

PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of **Abilify®** aripiprazole. Based on recent clinical information, we require more information before this prescription can be paid by the patient's health benefit plan. Please fill out the following information and return to us as indicated below:

A. Member Information			
Patient Name:		Plan Name/Plan ID:	
Patient ID:		Patient Date of Birth:	Patient Contact Phone #:
B. Physician Information			
Physician Name:		Physician Address:	
Physician DEA #:		Physician Phone #:	Physician Fax #:
Drug Name and Strength:		QTY and Days Supply:	NDC # and GCN:
C. Pharmacy Information			
Pharmacy Name:		NABP #:	Pharmacy Phone #:
			Pharmacy Fax #:
D. Clinical Information (Please fill out the following information: circle all that apply)			
Patient Diagnosis:			<input type="checkbox"/> ICD-9 Code <input type="checkbox"/> ICD-10 Code
1. Has this patient had a trial and achieved an inadequate response to at least one of the following atypical antipsychotics (Risperdal, Seroquel or Zyprexa)?		YES	NO
2. Has the therapy been recommended by a psychiatrist?		YES	NO
3. 3a. Is this medication being used as adjunctive therapy to antidepressant therapy for the acute treatment of Major Depressive Disorder? (If yes, please answer question 3b.)		YES	NO
3b. Has the patient tried and failed either Buspirone or Bupropion?		YES	NO
4. 4a. Is this a re-authorization? (If yes, please answer question 4b.)		YES	NO
4b. How long has this patient been taking Abilify? _____			
<u>Dosing recommendations:</u> 10-15mg PO QD (Schizophrenia); 30mg PO QD (Bipolar Mania); 2mg-15mg QD (Adjunctive treatment for patients on antidepressants)			
Authorized Medical Signature:			
Telephone:			Date:

When Completed Return To:

MC-Rx Clinical Division, 1267 Professional Parkway, Gainesville, GA 30507
1-866-965-Drug (3784) / Fax # 866-999-7736

**Please note that this form is to be completed by the prescribing physician. This form and its contents are permissible under HIPAA as the protected health information (PHI) contained in this letter is only being used for purposes related to the provision of treatment, payment and healthcare operations (TPO). HIPAA does restrict the communication of PHI with providers for TPO related purposes.

Prior authorization forms are reviewed at least annually and are available at www.MC-Rx.com. Medical Review Criteria are reviewed at least annually. Revised 5/2019