

## Rexulti® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY HAVE BARCODES.

This form may be faxed to 844-403-1029.

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	ZIP:	Office Street Address:		
Phone:			City:	State:	ZIP:
Medication Information (required)					
Medication Name:			Strength:		Dosage Form:
			Directions for Use:		
Clinical Information (required)					
1. Is Rexulti being used as adjunctive treatment for major depressive disorder?					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the patient tried an agent from at least two of the following classes for at least four weeks each: selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), buspirone, bupropion or mirtazapine?					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the patient tried augmented therapy with an SSRI or SNRI plus either buspirone, bupropion or mirtazapine for at least four weeks?					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has documentation of the use of objective, quantitative rating scales to monitor clinical status (e.g., Abnormal Involuntary Movement Scale [AIMS], Structured Clinical Interview for DSM-IV Axis I Disorders [SCID], Brief Psychiatric Rating Scale [BPRS], Positive and Negative Syndrome Scale [PANSS]) been submitted? [If yes, please submit documentation: _____]					<input type="checkbox"/> Yes <input type="checkbox"/> No

*Information on this form is accurate as of this date.*

<b>Prescriber's Signature:</b>	<b>Date:</b>
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**Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?**

Please note: **This request may be denied unless all required information is received.**  
 For more information about the prior authorization process, please contact us at 855-811-2218.  
 Monday – Friday: 8 a.m. to 1 a.m. Eastern, and Saturday: 9 a.m. to 6 p.m. Eastern