



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
PSYCHOTROPIC MEDICATION POLYPHARMACY PRIOR AUTHORIZATION

RETURN TO:
 ATTN: DRUG PRIOR AUTHORIZATION
 MO HEALTHNET DIVISION
 PO BOX 4900
 JEFFERSON CITY, MO 65102-4900

PLEASE PRINT OR TYPE. ALL INFORMATION MUST BE SUPPLIED OR THE REQUEST WILL NOT BE PROCESSED.
 PHONE: (800) 392-8030 FAX: (573) 636-6470

PARTICIPANT'S NAME	DOB	PARTICIPANT'S MO HEALTHNET NUMBER
--------------------	-----	-----------------------------------

PSYCHOTROPIC MEDICATION(S) CURRENTLY BEING REQUESTED (PLEASE INCLUDE DOSE, DIRECTIONS, AND DIAGNOSIS.)

MO HealthNet assesses the usage of psychotropic agents in the pharmacy program with a primary goal of patient safety in regards to poly-pharmacy, or use of more drugs than is medically necessary. This applies to participants ages 6 years and older who show a fill history of 5 or more psychotropic medications in the past 60 days. For children 5 years of age and younger, the fill history is for 3 or more psychotropic medications in the past 60 days. For a list of psychotropic medications currently on the Polypharmacy Edit, see here: <https://dss.mo.gov/mhd/cs/pharmacy/pdf/psych-polypharm.pdf>.

Please List all psychotropic medications currently prescribed for this patient.

PSYCHOTROPIC DRUG AND DOSE	DIRECTIONS	DIAGNOSIS	IS THIS NEW MEDICATION WITHIN THE PAST 60 DAYS?	PLAN TO CONTINUE? (YES/NO)

IS THERE A SPECIFIC PLAN TO TAPER OR DISCONTINUE ANY OF THE ABOVE MEDICATIONS IN THE COMING MONTHS? PLEASE EXPLAIN.

IS MORE THAN ONE PROVIDER PRESCRIBING PSYCHOTROPIC MEDICATIONS FOR THIS PARTICIPANT?
 IF YES, PLEASE LIST THE OTHER PROVIDERS AND WHICH MEDICATIONS THEY ARE PRESCRIBING.

IF YES, ARE YOU COLLABORATING CARE WITH THESE PROVIDERS FOR THIS PARTICIPANT?

IS THE PARTICIPANT CURRENTLY RECEIVING THERAPY? IF NOT, PLEASE EXPLAIN WHY NOT.

To complete a review of the poly pharmacy regimen, the following documentation must also be submitted:

- Pertinent labs based on the participant's current psych regimen.
 - If the regimen includes atypical antipsychotics, fasting lipids and glucose from within the past year are needed.
 - Other common labs may include lithium level, valproic acid level, and carbamazepine/oxcarbamazepine level.
- Recent progress notes documenting the current psychiatric medication regimen and plan of care.

I, the provider, verify that the information provided on this form is true and accurate to the best of my knowledge.

REQUESTING PHYSICIAN OR ADVANCE PRACTICE NURSE	TELEPHONE NUMBER	FAX NUMBER
ADDRESS	PROVIDER SPECIALTY	PROVIDER NPI
PHYSICIAN'S OR APN'S SIGNATURE (ORIGINAL) AND TITLE		DATE SIGNED