PSYCHOTROPIC MEDICATION POLYPHARMACY PRIOR APPROVAL

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. For drug specific requirements or questions, call (800) 392-8030. Submit completed form by fax to (573) 636-6470.

Participant Information

Participant Name	Date of Birth	Participant MO HealthNet Number

Medication Information

Psychotropic Medication(s) Currently Being Requested (Please include dose, directions and diagnosis)

The MO HealthNet Division (MHD) assesses the usage of psychotropic agents in the pharmacy program with a primary goal of patient safety in regards to polypharmacy, or use of more drugs than is medically necessary. This applies to participants ages six years and older who show a fill history of five or more psychotropic medications in the past 60 days. For children five years and younger, the fill history is for three of more psychotropic medications in the past 60 days. Review the list of psychotropic medications currently on the Psychotropic Medications Polypharmacy Clinical Edit. **List all psychotropic medications currently prescribed for this participant.**

Psychotropic Drug and Dose	Directions	Diagnosis	New Medication within the Past 60 Days	Plan to Continue
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

Is there a specific plan to taper or discontinue any of the above medications in the coming months? ☐ Yes ☐ No Explain.

Is more than one provider prescribing psychotropic medications for this participant? ☐ Yes ☐ No
If yes, list the other providers and which medications they are prescribing.

Are you collaborating care with these providers for this participant? ☐ Yes ☐ No

Is the participant currently receiving therapy? ☐ Yes ☐ No If no, explain why not.

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

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

Requesting Physician or Advance Practice Nurse (APN) Name	Title		
Provider NPI	Telephone Number	Fax Number	
Street Address	City	State	Zip Code
Provider Specialty			
Physician or APN Signature		Date	