FUTURE SCRIPTS

Please complete ALL information below and fax your request to 1-888-671-5285

Invega® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

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:
❑ Check if **generic substitution** is acceptable	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

❑ Schizoaffective disorder
❑ Schizophrenia
❑ Other diagnosis: _____ ICD-10 Code(s): _____

Continuation of therapy:

Has the patient been on continuous therapy with the requested medication? ❑ **Yes** ❑ **No**

Select the medications the patient had an inadequate response to or inability to tolerate:

❑ Aripiprazole
❑ Clozapine
❑ Olanzapine
❑ Paliperidone
❑ Quetiapine
❑ Risperidone
❑ Ziprasidone
❑ Other generic antipsychotic(s) not listed above. (Please specify all agents):_____
_____

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.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of FutureScripts. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**