reliance|rx℠
15 Earhart Drive, Suite 101, Amherst, NY 14221

RISPERDAL CONSTA AUTHORIZATION AND RE-AUTHORIZATION REQUEST

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name:	Today's Date:	Date Needed:	
Date of birth: Sex: Weight:		Prescriber:	Hospital/Clinic:
Home Phone Number: ( )		Phone Number: ( )	Fax Number: ( )
Home Address:	City: State: Zip:	Address:	City: State: Zip:
Payor: ☐ Commercial ☐ Medicare ☐ Medicaid ☐ Self-funded ☐ Independent Health ☐ Anne Arundel Health System ☐ Pharmacy Benefit Dimensions Insurance ID: Group Number:		Allergies: Prescriber Specialty:	

DRUG SELECTION: RISPERDAL CONSTA

☐ New Authorization

Dose: _____

Frequency: _____

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis: _____

ICD10 Code: _____

Does the request come from a psychiatrist or under the documented recommendation of a psychiatrist? ☐ Yes ☐ No

Does patient have documented tolerability and efficacy of oral risperidone? ☐ Yes ☐ No

Does patient have a documented compliance problem with oral risperidone therapy? ☐ Yes ☐ No