

**Indiana Health Coverage Programs Pharmacy Benefit
Mental Health Quality Advisory Committee
Medical Necessity Review Form**



Pharmacy Benefit Management (PBM) Call Center
4550 Victory Lane
Indianapolis, IN 46203
Phone: (866) 879-0106 Fax: (866) 780-2198



****All sections must be completed or the request will be returned****

Today's Date / /

Patient's Medicaid #	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Patient's Name	Prescriber's Name		
Prescriber's IN License #	<input type="text"/>	Prescriber's Signature	
Prescriber's NPI #	<input type="text"/>	Specialty	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Neurology <input type="checkbox"/> General Medicine <input type="checkbox"/> Other
Return Fax #	<input type="text"/> - <input type="text"/> - <input type="text"/>	Return Phone #	<input type="text"/> - <input type="text"/> - <input type="text"/>

Check the applicable prescribing situation and answer questions as specified:

- 2 or more tricyclic antidepressants
- 3 or more antidepressants, excluding trazodone

For any box checked, answer questions 1 – 4 in the "Questions" section below.

Example: If the prescribing situation is 3 or more benzodiazepines, mark the appropriate box above and answer questions 1, 2, 3, and 4 in the "Questions" section below.

Note: Pharmacies may contact call center for override of false positives.

Questions:	YES	NO
1) Is the medication prescribed for a DSM-IV diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>
2) Is the medication prescribed by or in consultation with a psychiatrist?	<input type="checkbox"/>	<input type="checkbox"/>
3) Is the medication, or one of its counterparts, being tapered/cross-tapered?	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, how long will the taper last? (indicate duration in "yes" box)	_____	
4) Is there documentation in the medical record that the patient has had a trial of each of the medications, at adequate dose and duration, and is improving more on the combination than on any one of the medications separately?	<input type="checkbox"/>	<input type="checkbox"/>

Revised April 2011

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Requested Medications (list all)	Strength	Qty	Dosage Regimen	Diagnosis	Date Started

<p>Clinical Explanation/Justification (please be thorough; a current plan of treatment and progress notes may be requested for documentation; provide information if the medications being requested are replacements for discontinued medications):</p>

<p>Determination: (For Internal Use Only)</p>
<p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied (see comments for rationale)</p>
<p>Comments:</p>