

TRICARE Prior Authorization Request Form for Brexpiprazole (Rexulti)



JOHNS HOPKINS
HEALTH PLANS

7231 Parkway Drive, Suite 100, Hanover, MD 21076

USFHP Pharmacy Prior Authorization Form

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

**FAX Completed Form and
Applicable Progress Notes to:
(410) 424-4037**

Questions? Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

Step 1 Please complete patient and physician information (please print):

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID #: _____	Phone #: _____
Date of Birth: _____	Secure Fax #: _____

Step 2 Please complete the clinical assessment:

1. Provider acknowledges that generic aripiprazole does not need a prior authorization and is available at a lower copay.	<input type="checkbox"/> Acknowledged Proceed to question 2		
2. For which indication is the requested medication being prescribed?	<input type="checkbox"/> Major Depressive Disorder – proceed to question 3 <input type="checkbox"/> Schizophrenia – proceed to question 6 <input type="checkbox"/> Alzheimer's Disease (AD) – proceed to question 9 <input type="checkbox"/> Other – STOP Coverage not approved		
3. Is the patient greater than or equal to 18 years of age?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> Yes Proceed to question 4</td> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> No STOP Coverage not approved</td> </tr> </table>	<input type="checkbox"/> Yes Proceed to question 4	<input type="checkbox"/> No STOP Coverage not approved
<input type="checkbox"/> Yes Proceed to question 4	<input type="checkbox"/> No STOP Coverage not approved		
4. Will the requested medication be used concurrently with an antidepressant?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> Yes Proceed to question 5</td> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> No STOP Coverage not approved</td> </tr> </table>	<input type="checkbox"/> Yes Proceed to question 5	<input type="checkbox"/> No STOP Coverage not approved
<input type="checkbox"/> Yes Proceed to question 5	<input type="checkbox"/> No STOP Coverage not approved		
5. Has the patient had an inadequate response to treatment with at least TWO other antidepressant augmentation therapies (one of which MUST be aripiprazole)?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> Yes Sign and date on next page</td> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> No Proceed to question 8</td> </tr> </table>	<input type="checkbox"/> Yes Sign and date on next page	<input type="checkbox"/> No Proceed to question 8
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6. Is the patient greater than or equal to 13 years of age?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> Yes Proceed to question 7</td> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> No STOP Coverage not approved</td> </tr> </table>	<input type="checkbox"/> Yes Proceed to question 7	<input type="checkbox"/> No STOP Coverage not approved
<input type="checkbox"/> Yes Proceed to question 7	<input type="checkbox"/> No STOP Coverage not approved		
7. Has the patient had an inadequate response to treatment with at least TWO other atypical antipsychotics (one of which MUST be aripiprazole)?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> Yes Sign and date below</td> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> No Proceed to question 8</td> </tr> </table>	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 8
<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 8		
8. Has the patient experienced an adverse event with aripiprazole that is not expected to occur with brexpiprazole (Rexulti)?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> Yes Sign and date below</td> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> No STOP Coverage not approved</td> </tr> </table>	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No STOP Coverage not approved
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9. Is the patient greater than or equal to 18 years of age?	<input type="checkbox"/> Yes Proceed to question 10	<input type="checkbox"/> No STOP Coverage not approved
10. Is the patient being treated for agitation associated with dementia due to Alzheimer's Disease (AD)?	<input type="checkbox"/> Yes Proceed to question 11	<input type="checkbox"/> No STOP Coverage not approved
11. Is the requested medication prescribed by a neurologist, psychiatrist or specialist in geriatric medicine?	<input type="checkbox"/> Yes Proceed to question 12	<input type="checkbox"/> No STOP Coverage not approved
12. Have other causes of agitation been ruled out or treated?	<input type="checkbox"/> Yes Proceed to question 13	<input type="checkbox"/> No STOP Coverage not approved
13. Has non-pharmacologic management of agitation failed?	<input type="checkbox"/> Yes Proceed to question 14	<input type="checkbox"/> No STOP Coverage not approved
14. Is the provider aware of the warnings, screening and monitoring precautions for the requested medication?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No STOP Coverage not approved

Step 3 I certify the above is true to the best of my knowledge.
Please sign and date:

Prescriber Signature

Date

[24 Jan 2024]

For Internal Use Only	
<input type="checkbox"/> Approved:	Duration of Approval: ____month(s)
<input type="checkbox"/> Denied:	Authorized By:
<input type="checkbox"/> Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: