

**Neighborhood Health Plan Of RI
Pharmacy Benefit Exception Request Form
Long Acting Injectable (LAI) Antipsychotic agents - (Risperdal Consta, Invega
Sustenna and Zyprexa Relprevv)**

Customer Service (401) 459-6020, fax 866-423-0945

Instructions:

This form is to be used by participating physicians and providers to obtain coverage for a drug with restrictions or for a non-formulary drug for which there is no suitable alternative. Please complete this form and **fax to: NHPRI Customer Service at fax # 866-423-0945.** To review the entire NHPRI Formulary, please visit our website at: <http://www.nhpri.org>

Member Name: (required)	Member ID Number, otherwise SSN#: (required)
	<input type="text"/>
Member Date of Birth: (required) / /	Member Sex: M F (Circle One)
Prescriber Name: (required) Prescriber Specialty: (required)	Contact Person at Office:
Tel # & extension: (required) () -	Office Fax Number: (required) () -

Medication requested : _____ **Strength:** _____

Quantity: _____ **Day Supply** _____ **Directions:** _____

Diagnosis _____

Has patient started treatment with the requested drug? _____ If yes, how long? _____

Neighborhood provides coverage for LAI antipsychotic agents only when used for the treatment of patients who have had one, or more, psychiatric related inpatient admissions within the 6 month period prior to the initiation of LAI therapy.

Please provide the following information:

Has the patient had a psychiatric related inpatient admission (circle one) YES NO

Please provide the date of last psychiatric related inpatient admission _____

Has the patient receive LAI therapy in the past (circle one) YES NO

Please provide the date that LAI therapy was initiated _____

Approval Length:

Unless otherwise indicated, requests will be approved for 1 year.

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's Signature _____ NPI _____ Date _____

Completed form must be faxed to **Neighborhood Customer Service at fax # 866-423-0945.**