

Prior Authorization Form

Anthem. HealthKeepers Plus Offered by HealthKeepers, Inc.

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Antipsychotics in Children Younger than 18 Years Old

Please note, this communication applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers,

Inc. If the following information is not complete, correct, or legible, the PA process can be delayed.

Use one form per Anthem HealthKeepers Plus member please.

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functioning and parent-child relationship been evaluated?															
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PATIENT'S CURRENT BEHAVIOR HEALTH PROGRAM INFORMATION	PATIENT'S CURRENT BEHAVIOR HEALTH PROGRAM INFORMATION														
NAME OF PROGRAM: ENROLLED IN PROGRAM ON:	NAME OF PROGRAM:	ENROLLED IN PROGRAM ON:													
List pharmaceutical agents attempted and outcome:	List pharmaceutical agents attempted and outcome:														
1.	1.														
2.	2.														
If this request is denied or if more information is required, please list a phone number where you can be reached for a peer-to-peer consultation with the program's Reard Contified Redistric Reychiatrict		phone number where you can be reached for a peer-	to-peer consultation												
with the program's Board Certified Pediatric Psychiatrist. PHONE NUMBER:															



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Prior Authorization Form

Offered by HealthKeepers, Inc.

Antipsychotics in Children Younger than 18 Years Old

LAST NAME:									FIRST NAME:													

Prescriber Signature (Required) (By signature, the Physician confirms the above information is accurate and verifiable by patient records.) Date

PLEASE INCLUDE ALL REQUESTED INFORMATION INCOMPLETE FORMS WILL DELAY THE PRIOR AUTHORIZATION PROCESS

Requests for prior authorization (PA) must include patient name, Medicaid ID#, drug name, and appropriate clinical information to support the request on the basis of medical necessity. Please include all requested information; incomplete forms will delay the PA process.

The completed form may be FAXED TO 844-512-7020 for Retail Pharmacy or 844-512-7022 for Medical Injectables.

If you have any questions about this communication, call Anthem HealthKeepers Plus Provider Services at 800-901-0020.

PRIOR AUTHORIZATION CRITERIA IS SUBJECT TO CHANGE

https://providers.anthem.com/va

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