South Dakota Department of Social Services

Please note: All information below is required to process this request.
Fax to 1-844-403-1029
Mon-Sat: 7am to 7pm Central

Lybalvi® Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

- ❑ Schizophrenia
- ❑ Bipolar I disorder: acute treatment of manic or mixed episodes as monotherapy and as adjunct to lithium or valproate
- ❑ Bipolar I disorder: maintenance monotherapy treatment in adults with Bipolar I disorder.
- ❑ Other diagnosis: _____ ICD-10 Code(s): _____

Clinical information:

1. Patient has a history of failure, contraindication or intolerance to at least 2 preferred alternatives* in the last 3 years:
   - ❑ aripiprazole ❑ olanzapine ❑ risperidone
   - ❑ asenapine ❑ paliperidone ❑ ziprasidone
   - ❑ clozapine ❑ quetiapine/ER ❑ other_____
2. How long has the patient tried the above listed medications? _____

Quantity limit requests:

What is the quantity requested per MONTH? _____

What is the reason for exceeding the plan limitations?

- ❑ Titration or loading dose purposes
- ❑ Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
- ❑ Requested strength/dose is not commercially available
- ❑ Other: _____

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

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Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-855-401-4262.
This form may be used for non-urgent requests and faxed to 1-844-403-1029.