



AMIDA CARE LIVE LIFE PLUS
LAIA ENROLLMENT FORM FOR MEDICAID MEMBERS
LAIA (Long-acting Injectable Antipsychotic)
Please fax form to Amida Care: 1-646-786-0997

This enrollment form must be filled out by the prescriber and faxed to the number above. Once the fax has been received the prescriber and member will be contacted with shipment information within 1 business day. The medication will then be delivered to the prescriber's facility for administration by a healthcare professional.

Completion of this form will allow Amida Care to work in conjunction with prescribers to monitor adherence and improve health outcomes. Please fill out the form in its entirety and write clearly to avoid any delays in care.

PRESCRIBER INFORMATION	MEMBER INFORMATION
Name:	Member Name:
NPI:	Amida Care ID #:
Address:	Address:
Office Phone #:	Member Phone #:
Office Fax #:	
Contact Person:	
MEDICATION REQUESTED	
Start Date of Treatment: ___/___/___	
Prescriber specialty: _____	
Medication/s Requested :	
<input type="checkbox"/> Aristada <input type="checkbox"/> Abilify Maintena <input type="checkbox"/> Invega Sustenna <input type="checkbox"/> Invega Trinza <input type="checkbox"/> Risperdal Consta <input type="checkbox"/> Zyprexa Relprevv	
MEDICAL DIAGNOSIS AND CLINICAL CRITERIA	

Please indicate the Diagnosis code/description indicated for use of Long-acting injectable Antipsychotic.

DX code/description: _____

Has the patient been started on an oral Antipsychotic medication?

YES, please indicate below NO

Medications Used	Duration/ Year	Outcome of TX
	/	
	/	
	/	



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Please call 646-757-7979, M-F, 9 - 6 PM if you have any questions.

Prescriber or Authorized Signature

Date