

# INSTRUCTIONS

## DHS 1162

### USE OF CLOZAPINE, OLANZAPINE, RISPERIDONE, QUETIAPINE AND ZIPRASIDONE

#### PURPOSE:

DHS 1162 is an authorization form requesting the use of Clozapine, Olanzapine, Risperidone Quetiapine and Ziprasidone for patients who are Medicaid recipients.

#### GENERAL INSTRUCTIONS:

The conditions under Part I, Criteria must be met for all patients for whom a request for the above medications is made.

Part II, Patient Data, is to be filled out by the physician.

Part III, Procedures. The steps to obtain DHS authorization and compliance with progress reporting are specified.

#### DISTRIBUTION:

Original – ACS PA Desk  
Approved Copy – Provider  
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