

## ANTIDEPRESSANTS, OTHER PRIOR AUTHORIZATION FORM

Prior authorization guidelines for **Antidepressants, Other** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <http://www.dhs.pa.gov/provider/pharmacyservices/index.htm>.

PRIOR AUTHORIZATION INFORMATION		PRESCRIBER INFORMATION	
<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	# of pages: _____	Prescriber name:
Name of office contact:		Specialty:	
Contact's phone number:		State license #:	
LTC facility contact/phone:		NPI:	MA Provider ID#:
BENEFICIARY INFORMATION		Street address:	
Beneficiary name:		Suite #:	City/state/zip:
Beneficiary ID#:	DOB:	Phone:	Fax:

### CLINICAL INFORMATION

<b>Non-preferred medication requested:</b>			
<input type="checkbox"/> Aplenzin ER tablet	<input type="checkbox"/> Emsam patch	<input type="checkbox"/> Nardil tablet	<input type="checkbox"/> tranylcypromine tablet
<input type="checkbox"/> Cymbalta capsule	<input type="checkbox"/> Fetzima titration pack	<input type="checkbox"/> nefazodone tablet	<input type="checkbox"/> venlafaxine ER <u>tablet</u>
<input type="checkbox"/> desvenlafaxine ER tablet	<input type="checkbox"/> Fetzima ER capsule	<input type="checkbox"/> Parnate tablet	<input type="checkbox"/> Viibryd starter pack
<input type="checkbox"/> desvenlafaxine <u>fumarate</u> ER tablet	<input type="checkbox"/> Forfivo XL 450 mg tablet	<input type="checkbox"/> phenelzine tablet	<input type="checkbox"/> Viibryd tablet
<input type="checkbox"/> desvenlafaxine <u>succinate</u> ER tablet	<input type="checkbox"/> Khedezla ER tablet	<input type="checkbox"/> Pristiq tablet	<input type="checkbox"/> Wellbutrin SR tablet
<input type="checkbox"/> duloxetine DR <u>40 mg</u> capsule	<input type="checkbox"/> Marplan tablet	<input type="checkbox"/> Remeron tablet	<input type="checkbox"/> Wellbutrin XL tablet
<input type="checkbox"/> Effexor XR capsule	<input type="checkbox"/> mirtazapine ODT	<input type="checkbox"/> Remeron Soltab	<input type="checkbox"/> _____
Strength:	Dose/directions:	Quantity:	Refills:
Diagnosis ( <i>submit documentation</i> ):		DX code ( <i>required</i> ):	
1. Does the beneficiary have a history of trial and failure, contraindication, or intolerance to the preferred Antidepressants, Other? <i>Check all that apply.</i> <input type="checkbox"/> bupropion IR, SR, or XL (150 mg or 300 mg) tablet <input type="checkbox"/> Trintellix tablet <input type="checkbox"/> duloxetine 20 mg, 30 mg, or 60 mg capsule <input type="checkbox"/> venlafaxine ER <u>capsule</u> <input type="checkbox"/> mirtazapine tablet <input type="checkbox"/> venlafaxine IR tablet <input type="checkbox"/> trazodone tablet		<input type="checkbox"/> Yes <i>Submit documentation of medication regimens tried and treatment results, contraindications, and/or intolerances.</i> <input type="checkbox"/> No	
2. Does the beneficiary have a history of trial and failure, contraindication, or intolerance to any of the SSRI Antidepressants? <i>Check all that apply.</i> <input type="checkbox"/> citalopram (e.g., Celexa) <input type="checkbox"/> fluvoxamine (e.g., Luvox) <input type="checkbox"/> escitalopram (e.g., Lexapro) <input type="checkbox"/> paroxetine (e.g., Paxil, Pexeva) <input type="checkbox"/> fluoxetine (e.g., Prozac, Sarafem) <input type="checkbox"/> sertraline (e.g., Zoloft)		<input type="checkbox"/> Yes <i>Submit documentation of medication regimens tried and treatment results, contraindications, and/or intolerances.</i> <input type="checkbox"/> No	
3. Has the beneficiary taken the requested non-preferred medication within the past 90 days?		<input type="checkbox"/> Yes <i>Submit documentation of drug regimen and clinical response.</i> <input type="checkbox"/> No	

**PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION**

Prescriber Signature:	Date:
-----------------------	-------

**Confidentiality Notice:** The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.