





FAX Completed Form To 1.833.404.2392

Prescriber Help Desk 1.833.587.2012

Online

covermymeds.com/main/ prior-authorization-forms/

Request for Prior Authorization ANTIDEPRESSANTS

(PLEASE PRINT - ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Pa	tient name		DOB			
Patient address							
Provider NPI		Prescriber name		Phone			
Prescriber address				Fax			
Pharmacy name		Address		Phone			
Prescriber must complete all inform	nation	above. It must be legible, correct, and on Pharmacy fax	NDC	orm will	be returi	ned.	
above the manufacturer recommender when the following criteria are repears of age or older; and 2) Dopreferred generic SSRIs; and 3) one preferred generic SNRI; and with one non-SSRI/SNRI generic medication indicated for MDD, centity that resulted in a partial rewhen documented evidence is Non-Preferred	mendomet: 1 cume Docu d 4) D c anti one o espoi	n-preferred antidepressants subject ed dose will not be considered. Payred The patient has a diagnosis of Majentation of a previous trial and the coumentation of a previous trial and the depressant . 5) If the request is for a fithe trials must be with the preferred see with a documented intolerance. It ded that the use of these agents would be suited that the use of these agents would be suited.	ment will be or Depressipy failure at erapy failure I therapy fai in isomer, pid parent dru The required Id be medic	considence Disorder at the at a the lure at a the lure at a trodrug of the distribution of the lure at a trials r	ered for rder (MI peutic d erapeut therap or metal same d may be	patie DD) and lose voic leutic bolite chemi overr	nts nd is 18 vith two se with dose of a ical
		iibryd					
StrengthDosage Inst	ructio	ons Quantity_	Days	s Supply	/		
		-					
Diagnosis:					. 4		
	Drug l	Name& Dose		Trial D	ates:		
Preferred Generic SSRI Trial 1: Failure Reason	Drug	Name& Dose					
Preferred Generic SSRI Trial 1: Failure Reason Preferred Generic SSRI Trial 2: Failure Reason	Drug Drug	Name& Dose		_ Trial D	ates:		
Preferred Generic SSRI Trial 1: Failure Reason Preferred Generic SSRI Trial 2: Failure Reason Preferred Generic SNRI Trial: D	Drug Drug	Name& Dose		_ Trial D	ates:		
Preferred Generic SSRI Trial 1: Failure Reason Preferred Generic SSRI Trial 2: Failure Reason Preferred Generic SNRI Trial: Difficulty Reason Preferred Non-SSRI/SNRI Generic SNRI Gener	Drug Drug rug Na	Name& Dose	-	_ Trial D Trial Dat	ates: es:		
Preferred Generic SSRI Trial 1: Failure Reason Preferred Generic SSRI Trial 2: Failure Reason Preferred Generic SNRI Trial: D Failure Reason Preferred Non-SSRI/SNRI Generic Dates: Failure	Drug I	Name& Dose Name& Dose ame& Dose ame& Dose ntidepressant Trial: Drug Name& Dose	e	_ Trial D Trial Dat	ates: es:		
Preferred Generic SSRI Trial 1: Failure Reason Preferred Generic SSRI Trial 2: Failure Reason Preferred Generic SNRI Trial: D Failure Reason Preferred Non-SSRI/SNRI Generic Dates: Failure	Drug I	Name& Dose	e	_ Trial D Trial Dat	ates: es:		

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.