

## Pharmacy Pre-authorization Form: Antidepressants

**Note: USE THIS FORM ONLY** when seeking pre-authorization for coverage of prescriptions for ANTIDEPRESSANTS. Please prescribe generic Selective Serotonin Reuptake Inhibitors (SSRIs) first. ConnectiCare's preferred SNRI is Effexor XR.

Date: \_\_\_\_\_ Physician Name: \_\_\_\_\_  
 Member Name: \_\_\_\_\_ Physician Specialty: \_\_\_\_\_  
 Member ID Number: \_\_\_\_\_ Physician Address: \_\_\_\_\_  
 Member Age: \_\_\_\_\_ Physician Telephone: \_\_\_\_\_  
 Physician Fax/E-mail: \_\_\_\_\_

**Medication requested (check one):**

- Cymbalta (Tier 3)\*                       Effexor XR (Tier 1)                       Lexapro (Tier 2)  
 Pristiq (Tier 2)                       Venlafaxine ER tablets (Tier 3)                       Viibryd (Tier 3)

*\* Please use Pharmacy Pre-authorization Form: Fibromyalgia and Other Neuropathic Pain when prescribing Cymbalta for pain or Fibromyalgia.*

ICD9/ICD10 code(s): \_\_\_\_\_

**\*\*ICD9/ICD10 codes are REQUIRED to process all requests.\*\***

**CHART NOTES are REQUIRED if you check "Yes" in any of the boxes below and no claims history is found.**

1. Has this patient successfully used the above requested medication in the past? Date(s) of trial: from _____ to _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. <b>For Lexapro, Viibryd or Effexor XR:</b> Has patient failed an adequate trial of a generic SSRI (i.e., citalopram, fluoxetine, sertraline)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. <b>For Cymbalta or Venlafaxine ER for depression:</b> Has patient failed adequate trials of BOTH a generic SSRI AND EFFEXOR XR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. <b>For Pristiq:</b> Has patient failed an adequate trial of venlafaxine (Effexor)? Date(s) of trial: from _____ to _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**For ConnectiCare Use Only**

Date reviewed: \_\_\_\_\_  
 Approved/denied (circle one) by: \_\_\_\_\_ Approval expiration date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**ConnectiCare Pharmacy Services: FAX — 1-800-249-1367, or e-mail — [pharmacy@connecticare.com](mailto:pharmacy@connecticare.com)  
 To speak to a Medical Director or Pharmacist regarding a pre-authorization decision, call 1-800-828-3407.**

*This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-800-828-3407.  
 The information in this document does not apply to ConnectiCare VIP Medicare plan members.*