EXPRESS SCRIPTS®

Prior Authorization Form
Antidepressant SNRI Step Therapy

This form is based on Express Scripts standard criteria and may not be applicable to all patients; certain plans and situations may require additional information beyond what is specifically requested.

Additional forms available: www.express-scripts.com/pa

Fax completed form to **1-877-329-3760**

If this an **URGENT** request, please call 1-800-753-2851

Patient Information

Patient First Name: _____

Patient Last Name: _____

Patient ID#: _____

Patient DOB: _____

Patient Phone #: _____

Prescriber Information

Prescriber Name: _____

Prescriber DEA/NPI **(required)**: _____

Prescriber Phone #: _____

Prescriber Fax #: _____

Prescriber Address: _____

State: _____ Zip Code: _____

Primary Diagnosis: _____ ICD Code: _____

Please indicate which drug and strength is being requested:

- ☐ Cymbalta 20mg
- ☐ Cymbalta 30mg
- ☐ Cymbalta 60mg
- ☐ Effexor 25mg Tablet
- ☐ Effexor 37.5mg Tablet
- ☐ Effexor 50mg Tablet
- ☐ Effexor 75mg Tablet
- ☐ Effexor 100mg Tablet
- ☐ Effexor XR 37.5mg Capsule
- ☐ Effexor XR 75mg Capsule
- ☐ Effexor XR 150mg Capsule
- ☐ Pristiq 50mg Tablet
- ☐ Pristiq 100mg Tablet
- ☐ Savella 12.5mg Tablet
- ☐ Savella 25mg Tablet
- ☐ Savella 50mg Tablet
- ☐ Savella 100mg Tablet
- ☐ Savella Titration Pack
- ☐ Venlafaxine extended release tablet (Upstate Pharma –brand product)
- ☐ Other: _____

_____

Directions for use (i.e. QD, BID, PRN & Qty): _____

Please complete the clinical assessment:		
1. Is the patient currently taking the requested medication? If yes, how long has the patient been taking the requested medication? _____ _____	☐ Yes	☐ No
2. Is the patient taking samples or paying 100% out of pocket for the medication being requested? If no, please indicate: ☐ Requested medication covered under previous insurance plan ☐ Started medication in hospital ☐ Other: _____	☐ Yes	☐ No

3. What is the indication or diagnosis?

- ☐ Chronic musculoskeletal pain (for example: chronic low back pain or chronic osteoarthritis pain)
- ☐ Depression
- ☐ Fibromyalgia
- ☐ Neuropathic pain (not related to diabetic peripheral neuropathy)
- ☐ Diabetic peripheral neuropathic pain
- ☐ Stress urinary incontinence (SUI) in women or men
- ☐ All other indications, please list: _____

4. Was the patient on the requested drug on a previous occasion?	☐ Yes	☐ No
5. Is the patient suicidal?	☐ Yes	☐ No
6. Has the patient previously tried one SSRI (brand or generic) or venlafaxine immediate-release (brand or generic) or venlafaxine extended release capsules or tablets (brand or generic); if so, which drug? ☐ Citalopram (Celexa) ☐ Fluoxetine (Prozac) ☐ Fluvoxamine (Luvox) ☐ Escitalopram (Lexapro) ☐ Fluvoxamine ER (Luvox CR) ☐ Paroxetine (Paxil) ☐ Paroxetine ER (Paxil CR) ☐ Pexeva ☐ Fluoxetine weekly (Prozac Weekly) ☐ Sarafem ☐ Sertraline (Zoloft) ☐ Venlafaxine extended release capsules or tablets (brand or generic) ☐ Venlafaxine immediate-release (brand or generic) ☐ Other: _____	☐ Yes	☐ No
7. If requesting Savella only, does the patient have depression and has tried at least two other agents for treatment of depression (eg. SSRIs, SNRIs, TCAs, bupropion)? If yes, please list other medications patient has tried for depression: _____ _____	☐ Yes	☐ No

Are there any other comments, diagnoses, symptoms, and/or any other information the physician feels is important to this review?

_____

_____

Prescriber Signature: _____Date: _____

Office Contact Name: _____ Phone Number: _____

Based upon each patient's prescription plan, additional questions may be required to complete the prior authorization process. If you have any questions about the process or required information, please contact our prior authorization team at the number listed on the top of this form.

Prior Authorization of Benefits is not the practice of medicine or a substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for the patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.