Antidepressants: Serotonin Modulators

Please fax this completed form to (833) 645-2734 OR mail to: Pharmacy Services| 5 River Park Place East, Suite 210 | Fresno, CA 93720. You can also complete online at CoverMyMeds.com.

Coordinated Care of Washington. Inc. Preferred Drug list: https://www.coordinatedcarehealth.com/content/dam/centene/centene-pharmacy/pdl/FORMULARY-CoordinatedCare_Washington.pdf

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID or Coordinated Care ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength		Directions for use	Qty/Days supply

1. Is this a continuation of therapy? ☐ Yes ☐ No
   If yes, does patient have documented positive clinical response? ☐ Yes ☐ No

2. Indicate patient's diagnosis:
   ☐ Major Depressive Disorder
   ☐ Other. Specify:

3. For patients 17 years of age or younger: Has an agency-designated mental health specialist from the Second Opinion Network (SON) performed a required second opinion review? ☐ Yes ☐ No

4. Has patient tried and failed three preferred antidepressants which are from at least two of the following Apple Health antidepressant subclasses? ☐ Yes ☐ No

   - Alpha-2 Receptor Antagonists (Tetracyclics)
   - Monoamine Oxidase Inhibitors (MAOI)
   - Norepinephrine-Dopamine Reuptake Inhibitors
   - Selective Serotonin Reuptake Inhibitors (SSRI)
   - Selective Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)
   - Tricyclic Agents

5. Indicate all antidepressants patient has tried and failed with reason for discontinuation:

Chart notes are required with this request

Prescriber signature	Prescriber specialty	Date

Pharmacy Services will respond via fax or phone within 24 hours of receipt of the request. Requests for prior authorization must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)