

**State of Idaho, Division of Medicaid  
ANTIDEPRESSANTS, OTHER  
PRIOR AUTHORIZATION FORM**

**\*CONFIDENTIAL INFORMATION\***

Phone: 1-208-364-1829

One drug per form ONLY – Use black or blue ink

Fax: 1-208-364-1864

Patient Name: _____	Medicaid ID#: _____	D.O.B.: _____
Prescriber Name: _____	State License #: _____	Specialty: _____
Prescriber Phone: _____	Prescriber Fax: _____	
Pharmacy/Store#: _____	Phone: _____	Fax: _____

*Bupropion IR, bupropion SR, mirtazapine (non-solutab form), Wellbutrin XL, and Effexor XR are preferred agents and will be approved for payment without prior authorization for eligible participants within the approved dosage quantities and age limits.*

*Bupropion XL, nefazodone, and venlafaxine IR will be approved for payment only after documented failure of 1 preferred agent.*

*Participants with a current history of venlafaxine IR use prior to May 1, 2007 will be grandfathered.*

**Medication Requested:**

*bupropion IR  
bupropion SR  
mirtazapine (non-solutab form)*

**NO PA REQUIRED  
NO PA REQUIRED  
NO PA REQUIRED**

*Wellbutrin XL®  
Effexor XR®*      **NO PA REQUIRED  
NO PA REQUIRED**

<u>Drug</u>	<u>Strength</u>	<u>Dosing Instructions</u>
<input type="checkbox"/> <i>bupropion XL</i>	_____	_____
<input type="checkbox"/> <i>nefazodone</i>	_____	_____
<input type="checkbox"/> <i>venlafaxine IR</i>	_____	_____

**History of preferred agent:**

<u>Drug</u>	<u>Dates of Trial</u>	<u>Reason(s) for Failure</u>
_____	_____	_____

**Other pertinent information for review:**

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***To ensure continuity of care, please make sure corresponding ICD-9 codes are submitted on professional office claims to Idaho Medicaid on a routine basis.***

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing, the prescriber agrees that documentation of above indication and medical necessity is available for review by Idaho Medicaid in patient's current medical chart.*

<b>For Medicaid Office Use Only</b>			
Date:	RPh:	Tech:	PA#:
Approved	Denied	Comments:	

All current PA forms and criteria for use are available at: [www.medicaidpharmacy.idaho.gov](http://www.medicaidpharmacy.idaho.gov) (PA Criteria & Forms)