

EMSAM PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for the diagnosis of major depressive disorder in members 18 years of age or older

AND

- ❖ Member must have tried and failed at least two SSRIs (i.e. fluoxetine, Prozac, fluvoxamine, Luvox, paroxetine, Paxil, Paxil CR, Pexeva, citalopram, Celexa, Lexapro, Zoloft) and at least one SNRI (i.e. Effexor, Effexor XR, Cymbalta) within the last 365 days.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.