



Pharmacy Help Desk Phone Numbers (405)522-6205 option 4 or (800)522-0114 option 4 Service Hours: Monday – Friday (8:30a – 7:00p); Saturday (9:00a – 5:00p); Sunday (11:00a – 5:00p)

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This update is part of a biweekly series featuring SoonerCare medication prior authorization (PA) criteria. Each update will include current information on a different therapeutic category.

- PA information for all therapeutic categories is available at www.okhca.org/providers/rx/pa.
- PA forms are available at www.okhca.org/rx-forms.

Antidepressants Prior Authorization

Tier-1 medications are available without prior authorization.

Tier-2 Authorization Criteria

- a) Documented, recent (within 6 months) trial of a Tier-1 medication at least 4 weeks in duration and titrated to recommended dosing, that did not provide an adequate response. Tier -1 selection can be from any classification.
- b) Prior stabilization on the Tier-2 medication documented within the last 100 days. A past history of success on the Tier-2 medication will also be considered with adequate documentation.
- c) A unique FDA-approved indication not covered by Tier-1 products or other products from a different therapeutic class.
- d) A petition may be submitted for consideration whenever a unique member specific situation exists.

Tier-3 Authorization Criteria

- a) A documented, recent (within 6 months) trial with a Tier-1 and a Tier-2 medication at least 4 weeks in duration and titrated to recommended dose, that did not provide an adequate response. Tier-1 and Tier-2 selection can be from any classification.
- b) Prior stabilization on the Tier-3 medication documented within the last 100 days. A past history of success on the Tier 3 medication will also be considered with adequate documentation.
- c) A unique FDA-approved indication not covered by a lower tiered product or other products from a different therapeutic class.
- d) A petition may be submitted for consideration whenever a unique member specific situation exists.

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SSRIs (Selective Serotonin Reuptake Inhibitors)		
Tier 1	Tier 2	Tier 3
citalopram (Celexa®)	escitalopram (Lexapro®)	
fluoxetine (Prozac®, Sarafem®)	fluvoxamine (Luvox® CR)	
fluvoxamine (Luvox®)	paroxetine (Pexeva®)	
paroxetine (Paxil®, Paxil CR®)		
sertraline (Zoloft®)		
Dual Acting Antidepressants		
Tier 1	Tier 2	Tier 3
bupropion (Wellbutrin®, Wellbutrin SR®, Wellbutrin XL®)	Venlafaxine Extended Release Tabs®	desvenlafaxine (Pristiq®)
mirtazapine (Remeron®, Remeron SolTab®)		duloxetine (Cymbalta®)
trazodone (Desyrel®)		nefazodone (Serzone®)
venlafaxine (Effexor®)		venlafaxine XR (Effexor XR® Caps)
Monoamine Oxidase Inhibitors		
Tier 1	Tier 2	Tier 3
		selegiline patch (Emsam®)
		tranylcypromine (Parnate®)
		phenelzine (Nardil®)
		selegiline (Zelapar®)