



Antidepressants: Serotonin Modulators

Please provide the information below, please print your answers, attach supporting documentation, sign, date and return to our office as soon as possible to expedite this request.

Please FAX responses to: (800) 869-7791. Phone: (855) 322-4082. Apple Health Preferred Drug list: <https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx>

Date of Request			
Patient	Date of Birth	Molina 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does patient have documented positive clinical response? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Indicate patient's diagnosis: <input type="checkbox"/> Major Depressive Disorder <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Has patient tried and failed three preferred antidepressants which are from at least two of the following Apple Health antidepressant subclasses? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none">• 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	