

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 one medication from each of the following groups: 1. SSRI (citalopram, escitalopram, fluoxetine, sertraline, paroxetine) 2. SNRI (venlafaxine, desvenlafaxine, duloxetine) 3. Mirtazapine 4. Bupropion

OR

- ❖ Member must have a gut motility disorder necessitating transdermal route of administration.

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 Limit 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.