



ANTI-DEPRESSANT RESTRICTED ACCESS CERTIFICATION FAXBACK FORM

**INCOMPLETE FORMS MAY DELAY PROCESSING
ALL NC PROVIDERS MUST PROVIDE THEIR 5-DIGIT BCBSNC PROVIDER ID# BELOW**

PRESCRIBER INFORMATION		PATIENT INFORMATION
PHYSICIAN NAME	PROVIDER ID/TAX ID (if out of state must have tax ID)	PATIENT NAME
CONTACT PERSON/PRACTICE NAME		PATIENT'S BCBSNC ID
PRACTICE PHONE	PRACTICE FAX	PATIENT'S DATE OF BIRTH
PRACTICE ADDRESS	CITY	STATE
		ZIP

FOR SSRIs: **Dx Code:** _____

1. Please check the box for the drug you are requesting Lexapro® Luvox CR® Pevexa®

2. Is the patient currently taking the non-preferred SSRI anti-depressant checked above? Yes No

OR

3. Has the patient tried any of the following drugs listed below? Yes No

- citalopram (generic or brand Celexa®)
- fluvoxamine (generic or brand Luvox®)
- fluoxetine (generic or brand Prozac®)
- paroxetine (generic or brand Paxil®)
- sertraline (generic or brand Zoloft®)

FOR SNRI (effective 10/1/11): **Dx code:** _____

Please check the box for the drug you are requesting Pristiq®

1. Is the patient currently taking the non-preferred SNRI anti-depressant checked above? Yes No

OR

2. Has the patient tried any of the following drugs listed below? Yes No

- venlafaxine (generic or brand Effexor®)
- venlafaxine ER (generic or brand Effexor XR®)

Please certify the following by signing and dating below: I certify that the above information is accurate and is documented in the medical record. I certify that I have been authorized to request prior review and certification for the above requested service(s). I further certify that my patient's medical records accurately reflect the information provided. I understand that BCBSNC may request medical records for this patient at any time in order to verify this information. I further understand that if BCBSNC determines this information is not reflected in my patient's medical records, BCBSNC may request a refund of any payments made and/or pursue any other remedies available.

Prescriber's Signature (Required): _____ Date: _____

For BCBSNC members, fax form to 1-888-348-7332

Last Revision Date: 9/1/11