

## Prior authorization notice

**Summary:** The Mental Health Medication Advisory Committee and the Kansas Drug Utilization Review Board reviewed and approved prior authorization (PA) criteria for members receiving multiple serotonin – norepinephrine reuptake inhibitors (SNRIs) concurrently. Effective 7/1/2016, members receiving two or more SNRIs concurrently for greater than 60 days will require PA. The PA criteria for multiple, concurrent SNRIs may be found on the Kansas Department of Health and Environment website at [www.kdheks.gov/hcf/pharmacy/pa\\_criteria.htm](http://www.kdheks.gov/hcf/pharmacy/pa_criteria.htm).

★ **What this means to you:** Effective 7/1/2016, you will need to obtain PA for members prescribed to two or more SNRIs used concurrently for greater than 60 days. Peer-to-peer consult with a health plan psychiatrist, medical director or pharmacy director is **required** for approval. The length of approval is **12 months**. The following drugs will require PA:

- Desvenlafaxine (Pristiq®)
- Duloxetine (Cymbalta®)
- Levomilnacipran (Fetzima®)
- Milnacipran (Savella®)
- Venlafaxine (Effexor® and Effexor XR®)

### **What if a member is currently established on multiple, concurrent SNRIs?**

To facilitate continuity of care, members currently established on two or more SNRIs used concurrently for greater than 60 days prior to 7/1/2016, will **not** be subject to this PA requirement for 12 months.

### **What if I need assistance?**

To initiate a PA request, please call our Pharmacy PA department at 1-855-201-7170 and follow the voice prompts for pharmacy PA. You may also fax the request and supporting documents to 1-800-601-4829.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.