

~QUETIAPINE~

Prior Authorization Request Form

Vermont Medicaid has established criteria for prior authorization of quetiapine when used in doses of 50 mg/day or less. These criteria are based on concerns about safety and cost. The prescriber must telephone or complete and fax this form to Catamaran. Please complete this form in its entirety and sign and date below. Incomplete requests will be returned for additional information.

**Submit request via: Fax: 1-866-767-2649 or Phone: 1-800-918-7549**

**Prescribing physician:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person at Office: \_\_\_\_\_

**Beneficiary:**

Name: \_\_\_\_\_

Medicaid ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Request is for: Quetiapine \_\_\_\_\_ mg (strength) \_\_\_\_\_ (frequency/directions for use)

**Patient Clinical Information to Support Quetiapine Prior Authorization Request**

Indication for use is schizophrenia.  Indication for use is bipolar disorder.

Indication for use is adjunct treatment of Major Depressive Disorder (MDD).

Patient initiated therapy with quetiapine for this indication on \_\_\_/\_\_\_/\_\_\_

Patient has responded inadequately to the antidepressants listed below  
(at least 3 from 2 different classes):

Medication Name and Dose

Dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indication for use is an anxiety disorder.

Patient initiated therapy with quetiapine for this indication on \_\_\_/\_\_\_/\_\_\_

Patient has responded inadequately to the antidepressants listed below  
(at least 3 from 2 different classes):

Medication Name and Dose

Dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or two antidepressants above and  buspirone (dates: \_\_\_\_\_)

Indication for use is another mental health disorder (not approved for insomnia).

Please specify: \_\_\_\_\_

Patient initiated therapy with quetiapine for this indication on \_\_\_/\_\_\_/\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_