

For patients with major depressive disorder (MDD)

Prior Authorization and Re-authorization Checklist

This checklist is a guide provided by AbbVie that can help you complete the patient's required prior authorization (PA) form. It (1) may include certain PA criteria which are not necessary for a specific payer and (2) may not include all necessary PA requirements for a specific payer.

Patient Information

First name: Middle initial: Last name: DOB:

Requested drug: Date: ☐ Patient 18 years of age or older

Physician name: Specialty:

☐ Initial Authorization Request ☐ Re-authorization (use only if a PA has been previously approved for the requested drug)

ICD-10-CM Diagnostic Codes for Major Depressive Disorder ¹ (check only one)	
<input type="checkbox"/> F33: Major depressive disorder, recurrent	<input type="checkbox"/> F33.2: Major depressive disorder, recurrent severe without psychotic features
<input type="checkbox"/> F33.0: Major depressive disorder, recurrent, mild	<input type="checkbox"/> F33.3: Major depressive disorder, recurrent, severe with psychotic symptoms
<input type="checkbox"/> F33.1: Major depressive disorder, recurrent, moderate	<input type="checkbox"/> F33.9: Major depressive disorder, recurrent, unspecified

Patient Medication History for Major Depressive Disorder (MDD)

Drug Class Prescribed	Drug Name	Dose	Duration	Outcome
<input type="checkbox"/> SNRIs <input type="checkbox"/> SSRIs <input type="checkbox"/> NDRIs <input type="checkbox"/> Atypical antipsychotic				<input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed <input type="checkbox"/> Intolerant <input type="checkbox"/> Suboptimal
<input type="checkbox"/> SNRIs <input type="checkbox"/> SSRIs <input type="checkbox"/> NDRIs <input type="checkbox"/> Atypical antipsychotic				<input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed <input type="checkbox"/> Intolerant <input type="checkbox"/> Suboptimal
<input type="checkbox"/> SNRIs <input type="checkbox"/> SSRIs <input type="checkbox"/> NDRIs <input type="checkbox"/> Atypical antipsychotic				<input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed <input type="checkbox"/> Intolerant <input type="checkbox"/> Suboptimal

Will the patient continue to use any of the above drugs in combination with the requested medication?
☐ No ☐ Yes – If yes, please list drug name(s) _____

Drug Class Examples

Listed below are examples of the drug classes used for MDD. This is not a comprehensive list. Some medications listed below are not approved for MDD.

Serotonin norepinephrine reuptake inhibitors (SNRIs)	Selective serotonin reuptake inhibitors (SSRIs)	Norepinephrine-dopamine reuptake inhibitors (NDRIs)	Atypical antipsychotics
CYMBALTA® (duloxetine)	CELEXA® (citalopram)	WELLBUTRIN® (bupropion)	ABILIFY® (aripiprazole)
EFFEXOR® (venlafaxine)	LEXAPRO® (escitalopram)		REXULTI® (brexpiprazole)
FETZIMA® (levomilnacipran)	LUVOX® (fluvoxamine)		SEROQUEL® (quetiapine)
PRISTIQ® (desvenlafaxine)	PAXIL® (paroxetine)		
	PROZAC® (fluoxetine)		
	VIIBRYD® (vilazodone)		
	ZOLOFT® (sertraline)		

Are there any risk factors that would prevent the patient from being prescribed any of the above therapies?
☐ No ☐ Yes – If yes, please list risk factors: _____

Additional relevant information: _____

For patients with bipolar I disorder and/or schizophrenia

Prior Authorization and Re-authorization Checklist (continued)

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Patient Information

First name: _____ Middle initial: _____ Last name: _____ DOB: _____

Requested drug: _____ Date: _____ ☐ Patient 18 years of age or older

Physician name: _____ Specialty: _____

☐ Initial Authorization Request ☐ Re-authorization (use only if a PA has been previously approved for the requested drug)

ICD-10-CM Diagnostic Codes for Bipolar Disorder¹ (check only one)

<input type="checkbox"/> F31: Bipolar disorder	<input type="checkbox"/> F31.6: Bipolar disorder, current episode mixed
<input type="checkbox"/> F31.9: Bipolar disorder, unspecified	<input type="checkbox"/> F31.3: Bipolar disorder, current episode depressed, mild or moderate severity
<input type="checkbox"/> F31.1: Bipolar disorder, current episode manic without psychotic features	<input type="checkbox"/> F31.4: Bipolar disorder, current episode depressed, severe, without psychotic features
<input type="checkbox"/> F31.2: Bipolar disorder, current episode manic severe with psychotic features	

ICD-10-CM Diagnostic Codes for Schizophrenia¹ (check only one)

<input type="checkbox"/> F20: Schizophrenia	<input type="checkbox"/> F20.8: Other schizophrenia
<input type="checkbox"/> F20.3: Undifferentiated schizophrenia	<input type="checkbox"/> F20.9: Schizophrenia, unspecified
<input type="checkbox"/> F20.5: Residual schizophrenia	

Patient Medication History for Bipolar Disorder or Schizophrenia

Drug Name	Dose	Duration	Outcome
			<input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed <input type="checkbox"/> Intolerant <input type="checkbox"/> Suboptimal
			<input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed <input type="checkbox"/> Intolerant <input type="checkbox"/> Suboptimal
			<input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed <input type="checkbox"/> Intolerant <input type="checkbox"/> Suboptimal

Are any of the above drugs still taken by the patient? ☐ No ☐ Yes – drug name(s): _____

If yes, will it/they be discontinued? ☐ Yes ☐ No – drug name(s): _____

Medication Examples

Listed below are examples of the medications used for bipolar I disorder and/or schizophrenia. This is not a comprehensive list. Some medications listed below may not be approved for bipolar I disorder or schizophrenia.

ABILIFY® (aripiprazole)	INVEGA® (paliperidone)	SEROQUEL® (quetiapine)
CAPLYTA® (lumateperone)	LATUDA® (lurasidone)	ZYPREXA® (olanzapine)
CLOZARIL® (clozapine)	REXULTI® (brexpiprazole)	Lithium
FANAPT® (iloperidone)	RISPERDAL® (risperidone)	Divalproex/Valproic acid
GEODON® (ziprasidone)	SAPHRIS® (asenapine)	Carbamazepine

Are there any risk factors that would prevent the patient from being prescribed any of the above therapies?

☐ No ☐ Yes – If yes, please list risk factors: _____

Additional relevant information: _____

This information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. The information presented here does not guarantee payment or coverage. Providers are encouraged to contact third-party payers for specific information about their coverage policies.

Reference: 1. 2024 ICD-10-CM. 2024 code tables, tabular and index. Centers for Medicare & Medicaid Services. Accessed September 13, 2024. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2025/

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