

SENTARA HEALTH MANAGEMENT

OUTPATIENT PHARMACY STEP-EDIT/PRIOR AUTHORIZATION REQUEST FORM*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Drug Name: Effexor, XR® (venlafaxine)

- Venlafaxine acts on the norepinephrine and serotonin systems.
- SSRIs and SNRIs are used in the management of acute major depression and dysthymia.

Please check the appropriate boxes below:

- Patient has tried and failed at least one SSRI prior to the use of venlafaxine.
Please indicate which SSRI tried:
- Citalopram
 - Paroxetine
 - Fluoxetine
 - Lexapro
 - Zoloft

OR

- Patient initiated therapy with Effexor or Effexor XR while covered under another insurance plan and recently converted to Sentara/Optima coverage (subject to verification by Sentara/Optima).

Please note: Use of samples to initiate therapy does not meet step edit/ preauthorization criteria

Patient _____

Member Number _____

Date _____

Physician Signature _____

PHYSICIAN NAME _____ PHONE NUMBER _____

Physician Fax Number _____

Pharmacy Name _____ Pharmacy Tel # _____

(if available)