

SENTARA HEALTH PLANS

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

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; **fax to 1-800-750-9692.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If information provided is not complete, correct, or legible, authorization may be delayed.

Drug Requested: Select one below:

<input type="checkbox"/> Fetzima [®] (levomilnacipran)	<input type="checkbox"/> Trintellix [®] (vortioxetine)
<input type="checkbox"/> vilazodone (Viibryd [®])	

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Member must have documentation of at least a 30-day trial and failure with either:

TWO of the following SSRIs

OR

ONE of the following SSRIs and venlafaxine ER

Check each drug that has been tried. If not checked, authorization process will be delayed.

<input type="checkbox"/> citalopram	<input type="checkbox"/> escitalopram	<input type="checkbox"/> fluoxetine
<input type="checkbox"/> paroxetine	<input type="checkbox"/> sertraline	<input type="checkbox"/> venlafaxine ER

Member initiated therapy with Trintellix[®], Fetzima[®], or vilazodone (Viibryd[®]) while covered under another insurance plan and converted to Sentara coverage **within the last 60 days (subject to verification by Sentara).**

(Continued on next page)

Not all drugs may be covered under every Plan.

If a drug is non-formulary on a Plan, documentation of medical necessity will be required

Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

*Approved by Pharmacy and Therapeutics Committee:

REVISED/UPDATED/REFORMATTED: 2/20/2014; 3/21/2014; 5/7/2014; 10/30/2014; 5/21/2015; 12/27/2015; 5/3/2016; 5/27/2016; 12/16/2016; 8/13/2017;
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