



7231 Parkway Drive, Suite 100, Hanover, MD 21076

USFHP Pharmacy Prior Authorization Form

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

**FAX Completed Form and
Applicable Progress Notes to:
(410) 424-4037**

Questions? Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

Step 1 Please complete patient and physician information (please print):

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID # _____	Phone #: _____
Date of Birth: _____	Secure Fax #: _____

Step 2 Please complete the clinical assessment:

1. Multiple formulary serotonin-norepinephrine reuptake inhibitors (SNRI) are available for DoD beneficiaries without a prior authorization including generic venlafaxine IR caps, venlafaxine ER caps, desvenlafaxine ER, desvenlafaxine succinate ER Please consider changing the prescription to one of these formulary SNIRs.
2. Please provide the clinical rationale as to why the patient cannot take any of the formulary serotonin-norepinephrine reuptake inhibitors (SNRI).

Acknowledged
Proceed to question 2

Sign and date below

Step 3 I certify the above is true to the best of my knowledge. Please sign and date:

Prescriber Signature Date

[22 September 2022]

For Internal Use Only	
<input type="checkbox"/> Approved:	Duration of Approval: _____month(s)
<input type="checkbox"/> Denied:	Authorized By:
<input type="checkbox"/> Incomplete/Other:	PA#: