UPMC HEALTH PLAN

Serostim

Prior Authorization Form

IF THIS IS AN URGENT REQUEST, Please Call UPMC Health Plan Pharmacy Services.

Otherwise please return completed form to:
VICES PHONE 800-396-4139

UPMC HEALTH PLAN PHARMACY SERVICES

FAX 412-454-7722

PLEASE TYPE OR PRINT NEATLY Please complete all sections of this form AND include details of past relevant medical treatment, which substantiates the need for an exception to using formulary alternatives, i.e. past prescription treatment failures, documented side effects, chart documentation, lab values, etc. Incomplete responses may delay this request.										
Office Contact:					Provider Specialty:					
Provider First Name:				Provider Last Name:						
Provider Phone:				Provider Fax:			Provider NPI #:			
Patient Name:			Patient Ul Number:				t DOB:	DOB: Patient Age:		
Drug Requested:	Stren	Strength:			Frequency: Qty I			Dispensed:		
Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.										
☐ New medication										
☐ Ongoing medica	- 3	O O · .				vement while on therapy?				
Diagnosis:										
MEDICAL HISTORY										
Does the member have clear documentation of HIV infection?										
Is the patient compliant with Antiretroviral medications							□Yes	⊒Yes □No		
Has the member tried and failed Marinol? □Yes □No										
Has the member tried and failed Megace? □Yes □No								□No		
Does the member have a documented involuntary weight loss of at least 10% ☐Yes ☐No										
from baseline premorbid weight?										
Does the member have any type of active malignancy other than Kaposi's										
Syndrome?										
If Yes, Please specify the type of active malignancy:										
Please list all other medications the member has previously tried or is currently using.										
Medication Name	s of Trial			reactions/s	side					
				Start Date	End Date	effects	/reason f	eason for discontinuation		
Please provide any additional information which should be considered in the space below:										