

UPMC HEALTH PLAN

NON FORMULARY MEDICATIONS

Prior Authorization Form

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

Otherwise please return completed form to:

UPMC HEALTH PLAN PHARMACY SERVICES

PHONE 800-979-UPMC (8762)

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:		
Patient Name:	Patient UPMC Health Plan ID Number:	Patient DOB:	Patient Age:	
Drug Requested: <input type="checkbox"/> Brand <input type="checkbox"/> Generic	Strength:	Frequency:	Qty Dispensed:	
<input type="checkbox"/> New Medication <input type="checkbox"/> Ongoing Medication	If Ongoing Provide Date Started:	If medication is Ongoing, Did member Show improvement while on therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosis:				
Is This Medication Being Used for a Work Related Injury?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date of Injury:	
Place of infusion? (Name and Location)		Will the drug be: (select one)		
<input type="checkbox"/> Physician's Office:		<input type="checkbox"/> Billed directly by the provider via JCODE		
<input type="checkbox"/> Hospital/Facility:		<input type="checkbox"/> Billed by a pharmacy and delivered to the provider		
		<input type="checkbox"/> Billed by a pharmacy and delivered to the patient		
HISTORY OF FORMULARY MEDICATIONS USED TO TREAT THE ABOVE CONDITION (SPECIFIC CLINICAL INFORMATION IS ESSENTIAL TO DETERMINE WHETHER THIS MEDICATION CAN BE APPROVED)				
Medication Trial/ Previous Therapy	Date of Therapy Start Date End Date	Strength	Frequency	List Adverse Reactions/Side Effects/ Reason For Discontinuing