

# UPMC HEALTH PLAN

## ALTACE

### 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.*

<b>Office Contact:</b>		<b>Provider Specialty:</b>	
<b>Provider First Name:</b>		<b>Provider Last Name:</b>	
<b>Provider Phone:</b>		<b>Provider Fax:</b>	
<b>Patient Name:</b>	<b>Patient UPMC Health Plan ID Number:</b>	<b>Patient Age:</b>	<b>Patient DOB:</b>
<b>Drug Requested:</b> <input type="checkbox"/> Brand <input type="checkbox"/> Generic	<b>Strength:</b>	<b>Frequency:</b>	<b>Qty Dispensed (# of units):</b>
<b>Diagnosis:</b>		<b>Expected length of therapy:</b>	
<input type="checkbox"/> New medication <input type="checkbox"/> Ongoing medication	<b>If ongoing, provide date started:</b>	<b>If medication is ongoing, Did the Member show improvement While on therapy?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### MEDICAL HISTORY

Has the member previously been on any of the following medications? Please specify below.

- Anti-diabetic medication (Actos, Glyburide, Metformin, Insulin)
- Lipid lowering medication (Lipitor, Simvastatin, Tricor)
- Anti-hypertensive (Norvasc, Diovan, Metoprolol, Verapamil)
- Anti-Platelet agent (Plavix, Ticlodipine, Cilostazol)
- Nitrate (Isosorbide, Nitroglycerin)

Does the member have a history of the following?

- Diabetes
- Stroke
- Peripheral Vascular Disease
- Hypertension
- Elevated Cholesterol
- Coronary Artery Disease

#### HISTORY OF FORMULARY MEDICATIONS USED TO TREAT THE ABOVE CONDITION

Past/Current Diabetes Therapies	Date of Therapy Start Date      End Date	Strength	Frequency	List adverse reactions/side effects/ reason for discontinuing