

## COMPOUNDED 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.*

<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 DOB:</b>	<b>Patient Age:</b>
<b>Name of Compound:</b> <input type="checkbox"/> Brand <input type="checkbox"/> Generic	<b>Strength:</b>	<b>Frequency:</b>	<b>Qty Dispensed:</b>
<input type="checkbox"/> New Medication <input type="checkbox"/> Ongoing Medication	<b>If Ongoing Provide Date Started:</b>	<b>If medication is ongoing, Did member show improvement while on therapy?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Diagnosis:</b>		<b>Date of Diagnosis:</b>	
<b>Is This Medication Being Used for a Work Related Injury?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If Yes, List Date of Injury:</b>	
<b>Dosage form requested:</b> <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Topical Cream <input type="checkbox"/> Suppository <input type="checkbox"/> Other- please specify			

Name of each ingredient <i>(Include all drugs and fillers)</i>	Total amount of each ingredient in the compound <i>(ie grams, ounces)</i>	Number of Capsules or volume of liquid being dispensed

Medication Trial/Previous Therapy	Date of Therapy		Strength	Frequency	List adverse reactions/side effects/reason For discontinuing
	Start Date	End Date			