

**Daliresp  
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 800-396-4139

FAX 412-454-7722

**PLEASE TYPE OR PRINT NEATLY**  
*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 UPMC Health Plan ID Number:	Patient DOB:	Patient Age:
Drug Requested:	Strength:	Frequency:	Qty Dispensed:

*Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.*

<input type="checkbox"/> New medication	If ongoing, provide date started:	If medication is ongoing, Did member Show improvement while on therapy?	<input type="checkbox"/> Yes
<input type="checkbox"/> Ongoing medication			<input type="checkbox"/> No

Diagnosis:

**MEDICAL HISTORY**

Does the member have a diagnosis of severe COPD (Gold stage III or IV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the member have chronic bronchitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the member have a history of COPD exacerbation within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the member have severe liver impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the member have a diagnosis of depression or on current treatment for depression?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, Please include documentation of an evaluation by a behavior health provider.

Chart documentation enclosed

**Please list all medications the member has previously tried and failed or is currently using.**

Medication Name	Strength	Frequency	Dates of Trial		List adverse reactions/side effects/reason for discontinuation
			Start Date	End Date	

**Please provide any additional information which should be considered in the space below:**
