

# UPMC HEALTH PLAN

## GUAIFENESIN & IODINATED GLYCEROL

### 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>Drug Requested:</b>	<b>Strength:</b>	<b>Frequency:</b>	<b>Qty Dispensed:</b>
<input type="checkbox"/> <b>Brand</b>	<input type="checkbox"/> <b>Generic</b>		
<input type="checkbox"/> <b>New medication</b>	<input type="checkbox"/> <b>Ongoing medication</b>	<b>If ongoing, provide date started:</b>	
<b>Diagnosis:</b>		<b>Date of diagnosis:</b>	

### Medical History

**Please indicate the use for this medication:**

- Adjunctive treatment for Chronic obstructive pulmonary disease (COPD)**
- Adjunctive treatment for Bronchitis**
- Adjunctive treatment for Emphysema**
- Adjunctive treatment for Asthma**
- Adjunctive treatment for Cystic Fibrosis**
- Prevention of post surgical atelaectasis**
- Treatment of cough and cold symptoms**