

HORIZANT

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. 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:
Drug Requested:	Strength:	Frequency:	Qty Dispensed:	Patient Age:

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 the member show improvement while on therapy?	<input type="checkbox"/> Yes
<input type="checkbox"/> Ongoing medication			<input type="checkbox"/> No

Please indicate the diagnosis on the left and complete the corresponding questions.

<input type="checkbox"/> Restless Leg Syndrome	Has the member tried pramipexole at a dose of at least 0.5mg per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, Please provide dates of therapy:	
	Reason for discontinuation:	
	Has the member tried Ropinirole at a dose of at least 4mg per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, Please provide dates of therapy:	
	Reason for discontinuation:	
	Has the member tried Gabapentin at a dose of at least 1800mg per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, Please provide dates of therapy:	
	Reason for discontinuation:	
<input type="checkbox"/> Other	Please provide the member's diagnosis:	
	Date of diagnosis?	

History of medications previously tried and failed

Medication Trial/ Previous Therapy	Dates of Therapy		Strength	Frequency	List Adverse Reactions/ Side Effects/ Reason For Discontinuing
	Start Date	End Date			

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