

UPMC HEALTH PLAN

RISPERDAL CONSTA 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 place of administration / infusion?	<input type="checkbox"/> Physician's Office <input type="checkbox"/> Hospital/Facility		Please indicate how medication will be billed:
Please provide facility/provider name and address:	<input type="checkbox"/> Billed directly by the provider via JCODE Provide JCODE: _____		
	<input type="checkbox"/> Billed by a pharmacy and delivered to the provider		
	<input type="checkbox"/> Billed by a pharmacy and delivered to the patient		

Medical History

Please indicate diagnosis:

Schizophrenia

Bipolar Disorder

Other, Please specify: _____

Has the member tolerated a previous trial of oral risperidone (Risperdal)? Yes No

If no, please describe: _____

Please list any oral antipsychotics the member has previously tried or is currently using

Medication Trial/Previous Therapy	Date 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:
