

UPMC HEALTH PLAN

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

(Effexor XR and Cymbalta)

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

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.

Office Contact:		Provider Specialty:	
Provider First Name:		Provider Last Name:	
Provider Phone:		Provider Fax:	
Patient Name:	Patient UPMC Health Plan ID Number:	Patient DOB:	Patient Age:
Drug Requested:	Strength:	Frequency:	Qty Dispensed:
<input type="checkbox"/> New medication	<input type="checkbox"/> Ongoing medication	If ongoing, provide date started:	
<input type="checkbox"/> Brand	<input type="checkbox"/> Generic		
Diagnosis:		Date of diagnosis:	

Medical History

Please list previous medication trials of Selective Serotonin Reuptake Inhibitors (SSRIs)
Include drug name, strength, frequency, dates of therapy, and reason for discontinuing

Drug Name	Strength/Frequency	Dates of Therapy	Reason for Discontinuing