

# UPMC HEALTH PLAN

## SINGULAIR

### 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*

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: <input type="checkbox"/> Brand <input type="checkbox"/> Generic	Strength:	Frequency:	Expected length of therapy:		
<i>Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.</i>					
<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"/> No
<input type="checkbox"/> Ongoing medication					
Please indicate the most appropriate diagnosis for the member:			<input type="checkbox"/> Asthma <input type="checkbox"/> Allergic rhinitis <input type="checkbox"/> Other (please specify)		

### CLINICAL INFORMATION

Is the member currently being treated with any of the following medications? Please check off drug names.

- Short-acting beta agonist
  - Albuterol    Xopenex
- Long-acting beta agonist
  - Serevent    Foradil
- Inhaled corticosteroid
  - Flovent    Pulmicort    Azmacort    Qvar    Asmanex    Alvesco    Aerobid
- Combination product of beta agonist and corticosteroid
  - Advair    Symbicort
- Intranasal Steroid
  - Fluticasone    Nasonex    Nasacort    Rhinocort    Beconase    Omnaris
  - Veramyst    Flunisolide
- Non-sedating Antihistamine
  - Loratadine OTC    Fexofenadine    Cetirizine    Xyzal    Clarines

### HISTORY OF PREVIOUS MEDICATIONS USED TO TREAT THE ABOVE CONDITION

Medication Trial/ Previous Therapies	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:
