

# UPMC HEALTH PLAN

## QUTENZA

### 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.*

<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>Provider NPI #:</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> <input type="checkbox"/> Brand <input type="checkbox"/> Generic	<b>Strength:</b>	<b>Frequency:</b>	<b>Qty Dispensed:</b>
<i>Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.</i>			
<input type="checkbox"/> New medication <input type="checkbox"/> Ongoing medication	<b>If ongoing, provide date started:</b>	<b>If medication is ongoing, Did member Show improvement while on therapy?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Diagnosis:</b>		<b>Date of diagnosis:</b>	
<b>Please indicate place of administration?</b>	<input type="checkbox"/> Physician's Office <input type="checkbox"/> Hospital/Facility	<b>Please indicate how medication will be billed:</b>	
<b>Please provide facility/provider name and address:</b>		<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 list all medications the member has previously tried and failed or is currently using.**

Medication Trial/Previous Therapy	Date of Therapy Start Date      End Date	Strength	Frequency	List adverse reactions/side effects/ reason for discontinuing

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