

## IV RECLAST AND BONIVA

### 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. *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 Age:	Patient DOB:		
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 <input type="checkbox"/> Ongoing 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		
Diagnosis:					
Please indicate place of administration: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Hospital/Clinic		Will the drug be: (select one) <input type="checkbox"/> Billed directly by the provider via JCODE 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			
Please provide hospital/facility name and address:					
<b>Medical History</b>					
Has the member previously failed or had intolerance to Alendronate (Fosamax)?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Please complete below:					
Medication Name	Strength/Frequency	Dates of Therapy	Reason for Discontinuation		
<b>Please list all osteoporosis medications the member has previously tried or is currently using.</b>					
Medication Name	Strength	Frequency	Dates of Trial		List adverse reactions/side effects/reason for discontinuation
			Start Date	End Date	
<b>Please provide any additional information which should be considered in the space below:</b>					