

# UPMC HEALTH PLAN

## INVEGA SUSTENNA, RISPERDAL CONSTA, AND ZYPREXA RELPREVV

### 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:
<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 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		Please indicate how medication will be billed:	
	<input type="checkbox"/> Hospital/Facility			
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 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:**
