

# UPMC HEALTH PLAN

## SAVELLA

### 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.*

<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>		<b>Strength:</b>	<b>Frequency:</b>	<b>Qty Dispensed:</b>
<input type="checkbox"/> Brand <input type="checkbox"/> Generic				
<i>Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.</i>				
<input type="checkbox"/> New 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"/> Ongoing medication				<input type="checkbox"/> No
<b>Diagnosis:</b>		<b>Date of diagnosis:</b>		

### Medical History

Does the member have a diagnosis of fibromyalgia?       Yes       No

If yes, please include the following:

- Please include copies of chart documentation showing the diagnosis of fibromyalgia with history of widespread pain involving the extremities for three months and localized area of tenderness
- Please include copies of chart documentation showing previous therapies such as Gabapentin, muscle relaxants and tricyclic antidepressants tried and failed with dose, duration, and rationale for failure
- Please include copies of chart documentation showing trial of exercise or physical therapy for fibromyalgia

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