

PRESCRIPTION DRUG MEDICATION REQUEST FORM FAX TO 1-412-544-7546



<http://highmark.formularies.com>

<http://highmark.medicare-approvedformularies.com>

To view our formularies on-line, please visit our Web site at the addresses listed above.
Please use separate form for each drug. Print, type or WRITE LEGIBLY and complete the form in full.
See reverse side for additional details

PATIENT INFORMATION			
Subscriber ID Number	Group Number		
Patient Name	Patient Telephone Number	Date of Birth	
Patient Address	City	State	Zip Code
CLINICAL / MEDICATION INFORMATION			
Drug Name	Strength or Dose	Requested Quantity per Month	
Diagnosis			
Alternatives Tried / Used By Patient (if applicable)			
Drug Name	Strength	Documentation of Failure of Therapy	
Drug Name	Strength	Documentation of Failure of Therapy	
Drug Name	Strength	Documentation of Failure of Therapy	
Medical Rationale / Reason for Drug Therapy / Treatment Plan			
PHYSICIAN INFORMATION (needed for mailing notification - please print legibly)			
Physician Name	Phone	Fax	
Physician Address	City	State	Zip Code
Suite / Building	Physician Signature		Date
FOR INTERNAL REVIEW			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Applicable <input type="checkbox"/> Benefit Denial			
Reason Code	Received Date	Decision Date	Reviewer

Once a clinical decision has been made, a decision letter will be mailed to the patient and physician.
For other helpful information, please visit the Highmark Web site at:

www.highmark.com

Instructions for Completing the Form

1. Submit a separate form for each medication.
2. Complete **ALL** information on the form.
NOTE: *The prescribing physician (PCP or Specialist) should, in most cases, complete the form.*
3. Please provide the physician address as it is required for physician notification.
4. Fax the **completed** form to **1-412-544-7546**

Or mail the form to: **Pharmacy Affairs**
P.O. Box 279; Pittsburgh, PA 15230

Clinical Management Procedures

In general, when requesting coverage for a medication, the following information in the bullet points below is required:

Non-Formulary

- Most products: documentation of a trial of at least two formulary products
- Beta-blockers, calcium channel blockers, or analgesics: documentation of a trial of at least three formulary products

Prior Authorization

For the following drugs and/or therapeutic categories, the diagnosis, applicable lab data, and involvement of specialists are required, plus additional information as specified:

- Testosterone: total serum testosterone levels
- Wellbutrin: not covered for smoking cessation therapy

Miscellaneous Items:

- Contraceptives, Provigil, Retin-A, Immediate release fentanyl products (e.g. Actiq, Fentora)
- Specialty drugs (e.g. Enbrel, Sutent, Tracleer), etc.

Managed Prescription Drug Coverage (MRxC)

For the following drugs and/or therapeutic categories, the diagnosis, **quantity requested**, and **alternatives tried** are required.

- Migraine: preventative medications, if applicable
- Onychomycosis (Lamisil and Sporanox)
- Leukotriene Modifiers (Singulair, Accolate, and Zyflo)
- Pain Management (OxyContin, Opana ER, Actiq and Fentora): treatment plan also required
- COX-II Inhibitors and Anti-Secretory Agents (proton pump inhibitors): please call our claims processor at **1-800-753-2851**.
- Cardiovascular agents (Ranexa): documentation of current anti-anginal agents

Highmark Medicare-Approved Select/Choice Formulary

Additional drugs and/or therapeutic categories that require prior authorization and the required information are listed below.

- Immunosuppressants: documentation of Medicare-approved organ transplant
- Methotrexate (oral): diagnosis
- Intravenous immune globulins: diagnosis and place of service