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

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			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
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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

☐ Approved ☐ Denied ☐ Not Applicable ☐ 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

To view the formulary on-line, please visit our Web site at **http://highmark.formularies.com**

MM-056 (R10-03) 22645

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: **Medical & 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:

- Anti-rheumatic drugs (Enbrel, Humira, Kineret)
- Forteo: at least two other osteoporotic therapies and risk for fractures (e.g., T-score)
- Growth Hormone: bone age, growth chart, and stim tests
- Smoking Cessation: treatment plan also required
- Wellbutrin: not covered for smoking cessation therapy

  Miscellaneous Items:
- Contraceptives, Fertility agents, Gleevec, Interferons, Iressa, Provigil, Retin-A, Tracleer

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: treatment plan also required
- COX-II Inhibitors and Anti-Secretory Agents (H_2 antagonists and proton pump inhibitors): please call our claims processor at **1-800-753-2851.**

To view the formulary on-line, please visit our Web site at **http://highmark.formularies.com**