PRESCRIPTION DRUG MEDICATION REQUEST FORM FAX TO 1-866-240-8123

Fax each form separately. Please use a separate form for each drug.
Print, type or write legibly in blue or black ink. *See reverse side for additional details*

PATIENT INFORMATION

Subscriber ID Number	Highmark Coverage ❑ MA-PD ❑ PDP	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

Diagnosis	Name of the Carrier who paid for Most Recent Transplant

Type of Transplant	Date of Most Recent Transplant	Most Recent Transplant Payer (check one)
❑ Lung ❑ Heart ❑ Kidney ❑ GVH ❑ Other: _____		❑ Commercial ❑ Medicare Advantage ❑ Medicare FFS

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

Is this medication for a chronic or long-term condition for which the prescription medication is necessary for the life of the patient? ❑ Yes ❑ No

PHYSICIAN INFORMATION (needed for mailing notification - please print legibly)

Physician Name	NPI or Tax ID # (Required)	Phone	Fax

Physician Address	City	State	Zip Code

Suite / Building	Physician Signature	Date

MEDICARE	COMMERCIAL	REQUEST TYPE	
❑ Tiering Exception	❑ Non-Formulary	❑ Standard Request	❑ Peer to Peer
❑ Non-Formulary	❑ Prior Authorization	❑ Expedited Request	❑ Expedited Appeal
❑ Prior Authorization	❑ Step Therapy Exception Request		❑ Standard Appeal

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 website 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 **1-866-240-8123**

   Or mail the form to: **Medical Management & Policy**
   120 Fifth Avenue, SPECARE, Pittsburgh, PA 15222

CLINICAL MANAGEMENT PROCEDURES

Drugs that are managed using a Prior Authorization or Managed Prescription Drug Coverage (MRXC) require the submission of specific medical information prior to authorizing the drug.

PRIOR AUTHORIZATION

Below is a list of common drugs and/or therapeutic categories that require prior authorization:

- Agents used for fibromyalgia (e.g. Cymbalta, Lyrica, Savella)
- Testosterone therapies
- Miscellaneous Items: contraceptives, Provigil, immediate release fentanyl products
  Contraceptives require a statement of medical necessity only
- Specialty drugs (e.g. Enbrel, Sutent, Tracleer, etc.)

MANAGED PRESCRIPTION DRUG COVERAGE (MRXC)

The MRXC program includes coverage for specific drug therapy categories with set thresholds or limits. The MRXC program uses specific criteria as set forth by Pharmacy and Therapeutics Committee to assess the information provided to support requests for additional quantities.

Below is a list of common drugs and/or therapeutic categories that are managed under our MRXC program:

- Medications used to treat Migraines (e.g. Amerge, Imitrex, Maxalt, etc.)
- Medications used to treat Onychomycosis (Lamisil and Sporanox)
- Leukotriene Modifiers (Singulair, Accolate, and Zyflo)
- Pain Management (OxyContin, Opana ER, etc.)

Please note that the drugs and therapeutic categories managed under our Prior Authorization and MRXC programs are subject to change based on the FDA approval of new drugs.

For detailed information regarding Pharmacy policies, please visit the Provider Resource Center via Availity or visit https://providers.highmark.com/

3-TIER DRUG PROGRAM - GENERIC SUBSTITUTION MEDICAL INFORMATION

When allowed by a member's pharmacy benefit, the prescribing physician may use this form along with pertinent medical record documentation related to the need for BRAND NAME medication for generic substitution.

Availity is an independent company that contracts with Highmark to offer provider portal services.

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life, Highmark Care Benefits Inc., or Highmark Senior Health Company. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.