

PRIOR AUTHORIZATION REQUEST FORM

BMCHP 9.107 Opioids Over Quantity Limit
 Opioids
 Version 20.0
 Effective 7/17/17

Phone: 888-566-0008

Fax back to: 866-305-5739

ENVISION RX OPTIONS manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:

Member/Subscriber Number:
 Date of Birth:
 Group Number:
 Address:
 City, State ZIP:
 Primary Phone:

Prescriber Name:

Fax: Phone:
 Office Contact:
 NPI: State Lic ID:
 Address:
 City, State ZIP:
 Specialty/facility name (if applicable):

Expedited/Urgent

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Is this request for initial or continuing therapy? If continuing therapy, please include treatment start date.

Initial Continuing Therapy:

Q2. For continuing therapy, please specify start date (MM/YY):

Q3. Please indicate the quantity and day supply requested.

Q4. Please indicate the patient's diagnosis:

- Cancer pain
- Hospice Care
- Moderate to severe non-cancer chronic pain
- Other

Q5. If the diagnosis is OTHER please specify:

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Patient Name:

Prescriber Name:

Q6. Does the patient have persistent pain despite use of low dose opioids, non-opioid drugs, non-drug therapies and management of underlying medical conditions.

Yes

No

Q7. Has the member signed a pain agreement by or in consultation with, or referral to a pain specialist, addiction medication specialist or oncologist?

Yes

No

Q8. Has the member been advised of the risks of chronic opioid therapy and provided informed consent?

Yes

No

Q9. Is the member an appropriate candidate for chronic opioid therapy?

Yes

No

Q10. Will the prescriber continue to monitor for signs of severe respiratory depression, as well as misuse, abuse and addiction during therapy?

Yes

No

Q11. Has the prescriber reviewed the state's on line controlled drug data base within the last 4 weeks (where available)?

Yes or Database not Available

No

Prescriber Signature

Date