# PRIOR AUTHORIZATION REQUEST FORM

BMCHP 9.058 PBHMI
Pediatric Behavioral Health Medication Initiative
Benzodiazepine, Mood Stabilizers, Insomnia agents, Antidepressants, Cerebral Stimulants, Antipsychotics, Alpha-2 Agonists
Version 5.0
Effective Date 1/1/18

**Phone: 888-566-0008 Fax back to: 866-305-5739**

EnvisionRx 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:** | **Prescriber Name:** | |
|---|---|---|
| Member/Subscriber Number: | Fax: | Phone: |
| Date of Birth: | Office Contact: | |
| Group Number: | NPI: | State Lic ID: |
| Address: | Address: | |
| City, State ZIP: | City, State ZIP: | |
| Primary Phone: | Specialty/facility name (if applicable): | |

Certain individual behavioral health medications require prior authorization for patients less than 6 years old and certain combinations of behavioral health medications require prior authorization for patients less than 18 years of age. Please list all behavioral health medications prescribed for this patient that should be reviewed as part of this request.

**ONLY MEDICATIONS LISTED WILL BE REVIEWED FOR COVERAGE.**

Drug Name and Strength:
Directions / SIG:

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Directions / SIG:

☐ Expedited/Urgent

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

Q1. Is the request for initial or continuing therapy?

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**Patient Name:** **Prescriber Name:**

☐ Initial ☐ Continuing:

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

Q3. What is the prescriber's specialty?

☐ Psychiatry ☐ Neurology ☐ Other

Q4. If the prescriber specialty is OTHER, please list:

Q5. If a non-behavioral health specialty prescriber, is the most recent consultation note provided?

☐ Yes ☐ No

Q6. Please indicate all medical diagnoses that apply.

☐ ADHD
☐ Seizures
☐ Insomnia
☐ Cardiovascular Disease
☐ Migraines
☐ Neuropathic Pain
☐ Other

Q7. If there is an OTHER diagnosis, please list here:

Q8. Does the member have one of the following?

☐ A recent psychiatric hospitalization (within the last 3 months)
☐ A history of severe risk of harm to self or others
☐ NONE OF THE ABOVE APPLY

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Q9. If patient is less than 3 years old and on a cerebral stimulant, please document the clinical rationale for use of cerebral stimulant in patient.

Q10. If taking multiple drugs from the same drug class including but not limited to immediate release and extended release dose forms, has the patient had an intolerance or inadequate response to a trial any of the following: Please check all that apply:

- ☐ Medications from same class therapies used individually
- ☐ Other behavioral health medications
- ☐ Other appropriate non-behavioral health medications
- ☐ None of the above apply

Q11. Please list any therapies tried. Include current treatment plan including names of behavioral health medications and corresponding diagnoses.

Q12. If taking multiple drugs from the same drug class, is the current regimen a titration / taper of therapy?

☐ Yes ☐ No ☐ Does not apply

Q13. If taking multiple cerebral stimulants, has the patient had an intolerance or inadequate response (at least 7 days) to a trial of methylphenidate monotherapy and amphetamine monotherapy?

☐ Yes ☐ No ☐ Does not apply

Q14. For patient less than 6 years of age, if request includes hypnotic drugs for the treatment of insomnia, has the patient had an inadequate response (10 or more days) a trial of any of the following:

☐ Melatonin ☐ Clonidine ☐ Other:

Q15. If the answer is OTHER, please specify:

Q16. If not already listed in current medications above, please indicate if patient is currently taking any of the

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**Patient Name:** **Prescriber Name:**

following:

- ☐ trazodone
- ☐ bupropion
- ☐ mirtazapine
- ☐ None of these apply

_____ _____

Prescriber Signature Date