

PRIOR AUTHORIZATION REQUEST FORM

BMCHP 9.015 Quantity Limitation Program

Quantity Limitation Program

Version 16.0

Effective 9/15/2016

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:

Prescriber Name:

Yes

No

Q7. Does the member require dosage titration (up to 3 months)?

Yes

No

Q8. Can the daily dose required be achieved with commercially available dosage strengths and dosage forms?

Yes

No

Prescriber Signature

Date