BOSTON MEDICAL CENTER HEALTHNet PLAN

ENVISIONRx

PRIOR AUTHORIZATION REQUEST FORM

BMCHP 9.130 Combination Polypills and Convenience Packs
Benzamycin gelpak, Brevoxyl Kit Complex, Clindareach Kit, Clobetaplus Kit, Duac CS, Helidac, Pediprox-4 Kit, Prevpac, Pylera, Flexizol, Atorvastatin/CoQ10 Pak, Omeclamox - Pak, Dermacinrx Pak
Version 10.0
Effective Date 5/2/17

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:	**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):	

☐ 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 the request for initial or continuing therapy?
☐ Initial ☐ Continuing

Q2. If CONTINUING therapy, please indicate the start date (MM/YY):

Q3. Has the member experienced a clinical failure with use of the individual therapies belonging to the same therapeutic class as those contained in the requested “polypill” or “convenience packaged product” in the previous 120 days?
☐ Yes ☐ No

Q4. Did the member have compliance issues with the individual therapies?
☐ Yes ☐ No

Q5. Have medication counseling and pill box been provided to promote adherence to the prescribed therapy?
☐ Yes ☐ No

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Q6. Is there a clinical reason as to why medication counseling and a pill box have failed to promote adherence to the prescribed therapy?

☐ Yes ☐ No

Q7. If yes, then please list the individual therapy and the clinical reasons below.

Prescriber Signature

Date

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