2181 E. Aurora Road, Suite 201
Twinsburg, OH 44087
Customer Services Phone: 1-800-361-4542

PRIOR AUTHORIZATION FORM

****Please include relevant medical records including laboratory results for review.****

COMPLETE AND FAX TO ENVISION RX OPTIONS AT 1-866-422-9119

Patient Information		Prescriber Information	
Contact Person:		Date Faxed:	
Patient Name:		Prescriber Name and Specialty:	
Date of Birth:		NPI:	
Member ID:		Office Phone:	
Group Number:		Office Fax:	
Requested Medication and Diagnosis			
Medication:	Strength:	Frequency:	Quantity:
Diagnosis:		Expected Length of Therapy:	

Medical History and Rationale for Prior Authorization Request

Clinical Rationale for Prior Authorization Request: (e.g. history of present utilization, past medical history, etc.)

_____

_____

List all medications tried and failed, including dose, duration, and outcome of each therapy:

Medication:	Date:	Reason for failure:

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