

# Confidential

2181 E Aurora Rd Ste 201  
Twinsburg OH 44087

Phone: 330-405-8080  
Fax: 330-405-8081

**Envision/Rx Options, Inc.**

**To:** **From:** Envision Rx Options Clinical Staff

**Fax:** **Pages:**

**Phone:** **Date:**

**Re:** ***Prior Authorization Request for  
Elderplan Member***

*Dear Provider,*

*Envision Rx Options/Elderplan requires a Prior Authorization for certain medications for its members. Attached is a Prior Authorization form for Elderplan Member: \_\_\_\_\_*

*Please complete the form and fax back to **330-405-8081** attn: **Clinical Dept***

*Comments:*

*Thank you,  
The Clinical Staff  
Envision Pharmaceutical Services*

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**FOR ENVISION INTERNAL USE ONLY:  
Date and Time Received Completed form from Doctor**

# ENVISION RX OPTIONS/ELDERPLAN Drug Prior Authorization Request

**IMPORTANT INFORMATION REQUIRED - FORM CANNOT BE PROCESSED WITHOUT REQUIRED SUPPORTING CLINICAL STATEMENT AND RELEVANT LAB VALUES\*\***

A separate request must be completed for each drug for each patient.

Patient Information			Physician Information	
Patient Name			Name:	
Member ID#	Group#	Carrier	Office Phone:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth:	Secure Office Fax Number:	
Office Contact Name:			NPI #	

Drug Name :								
Dose:	Directions:			Quantity:				
Initial Therapy ?	Y	N	Continuing Therapy ?	Y	N	Has Dose Been Titrated?	Y	N
Anticipated Duration of Therapy:		Diagnosis/Indication(s):						

**\*\*Prior Formulary alternative treatment(s) provided for this condition:** \_\_\_\_\_

**\*\*Supporting Clinical Statement** (such as applicable protocols or guidelines followed, contraindications, drug allergies, dialysis, or any other additional clinical information to support medication request):

**Relevant Lab Values:** \_\_\_\_\_

**Expedited Review (24 hours):** The 72 hour standard review may seriously jeopardize the health or life of the member or the member's ability to regain maximum function (please explain above).

Fax to **1-330-405-8081** or mail to: Envision 2181 East Aurora Road Suite 201 Twinsburg, OH 44087  
You will be notified within 72 hrs whether the request was approved. For inquiries, call 1-866-417-3064 (TTY 1-866-763-9630)

**Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.**

<b>FOR ENVISION INTERNAL USE ONLY –</b>	
<b>Sender Information:</b>	
Reviewed by: _____	
Approved Denied Date: _____ Time: _____ am pm	
<b>Date and Time of Communication to Pharmacy</b> _____	