

**Confidential**

2181 E Aurora Rd Ste 201 Twinsburg OH 44087 Phone: 866-250-2005 Fax: 866-250-5178	<i>EnvisionRx Options</i>
To:	From: Envision Clinical Staff
Fax:	Pages: 3 inc. cover
Phone:	Date:
Re: <b>Medical Necessity Exception Request Form- PPI</b>	

*Envision Rx Options* requires Medical Necessity Form for members receiving Proton Pump Inhibitors.

Attached is a Medical Necessity Form for a Proton Pump Inhibitor (PPI) for **Envision Rx Options** Member: \_\_\_\_\_

Comments:

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

*Thank you,  
 The Clinical Staff  
 Envision Pharmaceutical Services*

**Privacy & Confidentiality of Information Notice:** This communication may contain non-public, confidential, or legally privileged information intended for the sole use of the designated recipient(s) named above. If you are not the intended recipient of this facsimile, or the employee or agent responsible for delivering it to the intended recipient you are hereby notified that any dissemination or copying of this facsimile is strictly prohibited. If you receive this facsimile in error, please notify us by telephone and return the original facsimile to us at the above address via the United States mail. If you are the intended recipient, you must secure the contents in accordance with all applicable state or federal requirements related to the privacy and confidentiality of information, including the HIPAA Privacy guidelines.

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

**Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.** Prior Authorization of benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient.



**Medical Necessity Request  
Proton Pump Inhibitor  
Confidential**

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Envision Clinical Pharmacy Review**

**Fax Completed Form to: 330-405-8081 or call 330-405-8080**

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

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

<b>Drug Name:</b>				
Dose:	Directions:		Quantity:	
<b>Diagnosis/Indication:</b>			Anticipated Duration of Therapy:	
Initial Therapy? Y N	Continuing Therapy? Y N		Has Dose Been Titrated? Y N	
<b>ICD 9 CODE:</b>			<b>J CODE:</b>	
<b>Please check all that apply:</b>  <b>PROTON PUMP INHIBITOR</b>  _____ Patient is unable to take Prilosec OTC or Omeprazole.  _____ Patient previously tried and failed Prilosec OTC and Omeprazole therapy.			<b>PRIOR ALTERNATIVE TREATMENT(S):</b> Please list therapies tried and failed in the past:  1. 2. 3. 4. 5.	
			<b>SUPPORTING CLINICAL STATEMENT(REQUIRED):</b>          <b>PHYSICIAN SIGNATURE (REQUIRED):</b>	

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

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**Please note:**

- Approvals will be for **twelve (12) months only**. Prior authorization will be required, with updated clinical information, after a twelve (12) month period.
- The information contained in this document is confidential. This information is intended only for the use of the entity named below. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying or distribution of this information or the taking of any action in reliance on this information is strictly prohibited. If you have received this message in error, please immediately notify the sender by telephone to arrange for its return.
- ANY INFORMATION LEFT BLANK OR ILLEGIBLE MAY DELAY THE REVIEW PROCESS**

**Fax completed form to *EnvisionRX Plus* at 1-866-250-5178 or mail to *EnvisionRx Plus* 2181 E. Aurora Rd. Twinsburg, Ohio 44087**

**INTERNAL USE ONLY**

<b>Sender Information:</b>				
<b>Reviewer Information:</b>	<b>Approved</b>	<b>Denied</b>	<b>Date:</b>	<b>Time:</b>
<b>Date and Time of Communication to Pharmacy :</b>				
<b>REJCODE:</b>				

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