Reset Form | Print Form

MEDICATION PRIOR AUTHORIZATION REQUEST FORM
FAX this completed form to 1-888-865-6531
OR Mail request to: Envolve Pharmacy Solutions Prior Authorization Dept.
5 River Park Place East, Suite 210 | Fresno, CA 93720

Call 1-833-705-1351 to request a 72-hour supply of medication. For Buy and Bill requests, FAX to 1-833-823-0001. Envolve Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of all necessary information, except during weekends and holidays. For immediate response on weekends and holidays,NurseWise will answer your call.

Children's Medical Services Health Plan
OPERATED BY SUNSHINE HEALTH

envolve Pharmacy Solutions

Spinraza® (nusinersen)

(Note: Maximum Length of Approval is 8 Months)

Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY) ___ / ___ / ____

Recipient's Full Name

Prescriber's Full Name

Prescriber's NPI

Prescriber Phone Number ___ - ___ - ____

Prescriber Fax Number ___ - ___ - ____

MEDICATION	QUANTITY	DIRECTIONS
Spinraza		

Diagnosis _____

Provider Specialty _____

☐ **Initiation of Therapy** **OR** ☐ **Continuation of Therapy**

MEDICAL HISTORY

Invasive Ventilation (≤ 16 hours per day)	☐ Yes ☐ No	**Scoliosis**	☐ Yes ☐ No
Non-invasive ventilation for at least 12 hours per day	☐ Yes ☐ No	**Spine Surgery**	☐ Yes ☐ No
Tracheostomy	☐ Yes ☐ No		

NOTE: OFFICIAL LAB REPORTS AND TESTING MUST BE SUBMITTED WITH THE PRIOR AUTHORIZATION REQUEST. FORM AND LAB DATA MUST BE COMPLETED IN FULL.

Official Genetic Testing Confirming Diagnosis:
☐ **Yes** ☐ **No**
Date of Test: _____

Assessment Motor Milestone Score: ☐ **Yes** ☐ **No**
Name of Assessment: _____
Date of Assessment: _____

Platelet Count: _____
Date of lab: _____

Coagulation Laboratory Testing : ☐ **Yes** ☐ **No**
Date of lab: _____

Quantitative Spot Urine Testing: ☐ **Yes** ☐ **No** **Date of lab:** _____

Prescriber's Signature: _____ **Date:** _____

REQUIRED FOR REVIEW: Copies of medical records (e.g., diagnostic evaluations and recent chart notes), and the most recent copies of related labs. The provider must retain copies of all documentation for five years.