

Bravo Health

Coverage Review / Prior Authorization Request Form
Relistor® (Methylnaltrexone Bromide)



Patient Information		Prescriber Information	
Member Name:		Prescriber Name:	
Bravo ID #		Prescriber Specialty:	
DOB:		Prescriber Address:	
Address:			
		Office Phone#:	
Home Phone:		Office Fax #:	
		Contact Person:	

Diagnosis and Medication Requested		
Medication Requested (dosage, frequency):		Qty:
Prescribing Diagnosis:	ICD9 Code:	Date Therapy Initiated:

Clinical Criteria

Please answer the following questions:

- Does the member have a clinical diagnosis of opioid-induced constipation?
Yes* No
- Member has an advance illness **and** receiving palliative care?
Yes* No Please specify, _____
- Member has failed at least two significant attempts of OTC alternatives and lactulose? (Please submit office notes supporting treatment failure with at least two significant attempts of OTC alternatives and lactulose).
Yes* No
- Does the member have severe renal impairment? (creatinine clearance <30mL/min), dose reduction of Relistor™ by one-half is recommended.
Yes* No
- How will medication be supplied and administered:
 - ___ Doctor/ clinic will supply, bill and administer.
 - ___ Supplied and administered in a LTC facility.
 - ___ Supplied and administered through Home Health Care
 - ___ Member will pick up at pharmacy and med will be administered at home or in doctor's office.
 - ___ Other, please specify below.

Additional Comments/Explanation:

****Progress notes or other clinical documentation confirming requested prior authorization criteria must be provided.****

Request for Expedited Review	
<input type="checkbox"/>	REQUEST FOR EXPEDITED REVIEW [24 HOURS] BY CHECKING THIS BOX AND SIGNING BELOW, I CERTIFY THAT APPLYING THE 72 HOUR STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

Prescriber's Signature: _____ Date: _____

Fax back to: 866-464-0709 For info call: 877-813-5595
For additional Prior Authorization forms, go to <http://www.bravohealth.com/providers.aspx>