

Medication Request Form for Prior Authorization

Complete this form and fax to the Pharmacy Services
 Department at 413-233-2777.

Instructions: This form is to be used by participating physicians and pharmacy providers to obtain coverage for the Exceptions listed below. Complete this form and fax to **Health New England Pharmacy Services Department at 413-233-2777**. If you have any questions regarding this process, contact Health New England Member Services Department at (800) 310-2835. For any Medicare Part D requests please visit www.hne.com/medicare for further information. Please allow 3-15 days for processing.

To prevent any delays in processing please complete all patient information and drug information

PATIENT INFORMATION:		PRESCRIBER'S INFORMATION:	
PATIENT NAME:	PATIENT HNE ID#:	PRESCRIBER'S PRINTED NAME:	SPECIALTY:
PATIENT DATE OF BIRTH:	ALLERGIES:	NPI #:	HNE PROVIDER#:
DIAGNOSIS:	OFFICE PHONE #:	OFFICE CONTACT NAME:	
DRUG INFORMATION:	REASON FOR DISCONTINUATION (attach additional information when applicable):	PHYSICIAN SIGNATURE: DATE:	
DRUG INFORMATION:		TYPE OF EXCEPTION (CHECK ALL THAT APPLY):	
REQUESTED DRUG NAME:	PAST FAILURES/DATES TRIED:	<input type="checkbox"/> QUANTITY LIMITATION Reasons for exceeding limit:	
DOSE/STRENGTH/FORM (please be specific):	REASON FOR DISCONTINUATION (attach additional information when applicable):	<input type="checkbox"/> STEP THERAPY Patient has filled a prescription and tried a step 1 (generic) drug in the previous 180 days. THIS EXCLUDES THE USE OF SAMPLES	
FREQUENCY PER DAY/QUANTITY PER MONTH:		<input type="checkbox"/> MULTISOURCE BRAND *Attach documented allergic reaction to generic formulation.	
DURATION OF REQUESTED TREATMENT:		<input type="checkbox"/> NEW-TO-MARKET *For Commercial HNE Members an approval will result in a copay of \$50 or 50% of the price of the drug whichever is greater.	
SIGNIFICANT LAB VALUES:	OTHER PERTINENT INFORMATION (attach additional information when applicable)	<input type="checkbox"/> COMPOUNDED MEDICATION *Attach copy of prescription, ingredients and quantities. List Formulary Alternatives tried:	
		HOW WILL PROVIDER BE ADMINISTERING MEDICATION? <input type="checkbox"/> BUY AND BILL <input type="checkbox"/> PHARMACY PRESCRIPTION	