

**Health New England
Medication Request Form (MRF)**

Angiotensin II Receptor Antagonist Step Therapy

Atacand® (candesartan), Atacand HCT® (candesartan/hydrochlorothiazide), Avapro® (irbesartan), Avalide® (irbesartan/hydrochlorothiazide), Azor® (amlodipine/olmesartan), Benicar® (olmesartan), Benicar HCT® (olmesartan/hydrochlorothiazide), Cozaar® (losartan), Diovan® (valsartan), Diovan HCT® (valsartan/hydrochlorothiazide), Exforge® (amlodipine/valsartan), Hyzaar® (losartan/hydrochlorothiazide), Micardis® (telmisartan), Micardis HCT® (telmisartan/hydrochlorothiazide), Teveten® (eprosartan), Teveten HCT® (eprosartan/hydrochlorothiazide)

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:
Physician:
Pharmacy:
Patient:

Prior Authorization

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Approved:
Quantity approved:
PA from and thru date:
PA #
Denied:
Returned:

Instructions:

This form is to be used by participating physicians and pharmacy providers to obtain coverage of Angiotensin II Receptor antagonist. Please complete this form and fax to MedMetrics Health Partners at **(800) 550-9246**. If you have any questions regarding this process, please contact MedMetrics clinical call center at **(866) 209-1057**.

Medication Request Information (please complete each section of this form prior to transmittal):

Patient Information (all required)	Physician Information (all required)
Patient Name:	Physician Name :
	NPI #:
Patient HNE ID#:	HNE Provider #:
Patient Date of Birth:	DEA #:
Allergies:	Area Code and Telephone #: () -
Diagnosis:	Area Code and Fax # (required): () -

Drug Information

Requested Drug / Strength: (specify)		
Dose, directions and length of treatment (please be specific):	Quantity:	Refills:
Physician signature:	Date:	

Indication:

- Hypertension
- Chronic kidney disease with proteinuria
- Diabetic Nephropathy
- Reduce stroke risk
- Heart failure
- Post- MI
- Left ventricular dysfunction

Other (explain) _____

Documentation of Medical Necessity (check all that apply):

- Stabilized on an ARB in the hospital post cardiovascular event (MI, hypertensive emergency) or heart failure
- Type 2 diabetic with hypertension and renal insufficiency
- Failed on Angiotensin-converting enzyme (ACE) or ACE-inhibitor combination product
- History of cough associated with ACE-inhibitor or ACE-inhibitor combination product
- The member is new to Health New England within the last 180 days and has documented usage of being on an Angiotensin II Receptor Blocker (ARB).

Other pertinent history: _____