

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

**Atralin[®] (tretinoin), Differin[®] (adapalene) Retin-A[®] (tretinoin), Tretin-X[®]
(tretinoin), Tazorac[®] (tazarotene), and tretinoin*.**

For patients under the age of 13 or over 29.

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:

This form is to be used by participating physicians and pharmacy providers to obtain coverage of (adapalene, tretinoin and tazarotene). 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**.

* applies to ALL tretinoin branded products unless coverage is excluded.

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:
	Specialty:
	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: <input type="checkbox"/> tretinoin <input type="checkbox"/> tazarotene <input type="checkbox"/> adapalene		
Dose, directions and length of treatment (please be specific):	Quantity:	Refills:
Physician signature:	Date:	
Indication:		
<input type="checkbox"/> Acne vulgaris <input type="checkbox"/> Psoriasis (tazarotene is FDA approved for this indication) <input type="checkbox"/> Other (please describe): _____		

Documentation of Medical Necessity (check all that apply):

- Psoriasis covers _____ percent of body
- Patient had a negative pregnancy test (required) and is currently using birth control (if female).
- Patient does not have eczema or other chronic skin conditions effecting area to be treated.
- Patient does not have hyperpigmentation caused by folliculitis, acne or eczema or mottled hyperpigmentation.
- Other pertinent history: _____