

Health New England Medication Request Form (MRF)

Quantity Limit or Clinical Review Period Benefit Exception

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

**Please Fax to
413-233-2777**

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| DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY |
| Approved: |
| Denied: |
| Returned: |
| PA # |

Instructions:

This form is to be used by participating physicians and pharmacy providers to obtain coverage of medications during the clinical review period or in excess of the pharmacy benefit quantity limit. Please complete this form and fax to Health New England at 413-233-2777 and please allow 3-15 days to process. If you have any questions regarding this process, please contact Health New England Member Services Department at (800) 310-2835.

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 (all required)

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|--|---|
| Requested Drug (name and strength): | |
| Start Date: | End date or length of Treatment: |
| Dose (please be specific): | Frequency per day: |
| Dosage form (if not oral) | Quantity per day or month: (circle appropriate time frame) |

Indication, justification, and documentation in support of the request for benefit exception:

- List primary diagnosis and any co-morbid conditions which may be relevant: _____
- Reasons for exceeding limit or waiving clinical review period. _____
- Other pertinent history: _____

You must attach supporting documentation. If you are requesting an FDA approved medication for a non-FDA approved disease state/condition you must submit at least 3 peer-reviewed journal articles, a national or published clinical guideline, and/or published information regarding the current standard of care.