



Massachusetts Standard Form For Medication Preauthorization Requests

*Some plans might not accept this form for Medicare or Medicaid requests.

This form is being used for:

Check one:

Initial request Continuation/renewal request

Reason for request (check all that apply):

Preauthorization, step therapy, formulary exception
 Quantity exception

Specialty drug

Other (please specify): _____

Check if expedited review/urgent request:

(In checking this box, I attest to the fact that this request meets the definition and criteria for expedited review and is an urgent request.)

A. Destination — Where this form is being submitted to; payers making this form available on their websites may prepopulate section A

Health plan or prescription plan name:

Health plan phone:

Fax:

B. Patient Information

Patient name:

Member ID #:

Date of birth:

Gender: Male Female Unknown

C. Prescriber Information

Prescribing clinician:

Phone #:

Specialty:

Secure fax #:

NPI #:

DEA/xDEA:

Prescriber point of contact name (POC) (if different than provider):

POC phone #:

POC Secure Fax #:

POC email (not required):

Prescribing clinician or authorized representative signature:

Date:

D. Medication Information

Medication being requested:

Strength:

Quantity:

Dosing schedule:

Length of therapy:

Date therapy initiated:

Is the patient currently being treated with the drug requested? Yes No If yes, date started:

Dispense as written (DAW) specified? Yes No

Rationale for DAW:

E. Compound and Off Label Use

Is medication a compound? Yes No

If medication is a compound, list ingredients:

For compound or off label use, include citation to peer-reviewed literature:

(continued on next page)

F. Patient Clinical Information

*Please refer to plan-specific criteria for details related to required information.

Primary diagnosis related to medication request:

ICD codes:

Pertinent comorbidities:

If Relevant to This Request:

Drug allergies:

Height:

Weight:

Pertinent concurrent medications:

Opioid management tools in place:

 Risk assessment Treatment plan Informed consent Pain contract Pharmacy/prescriber restriction

Previous therapies tried/failed:

Previous Therapies

Drug name	Strength	Dosing schedule	Date prescribed	Date stopped	Description of adverse reaction or failure	Check if sample
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Are there contraindications to alternative therapies? Yes No

If yes, please list details:

Were nonpharmacologic therapies tried? Yes No

If yes, provide details:

Relevant Lab Values

Lab name and lab value	Date performed	Lab name and lab value	Date performed

If renewal, has the patient shown improvement in related condition while on therapy? Yes No N/A

If yes, please describe:

Additional information pertinent to this request:

Complete this section for Professionally Administered Medications (including Buy and Bill).

Start date:

End date:

Servicing prescriber/facility name:

 Same as prescribing clinician

Servicing provider/facility address:

Servicing provider NPI/tax ID #:

Name of billing provider:

Billing provider NPI #:

Is this a request for reauthorization? Yes No

CPT code:

of visits:

J code:

of units:

Providers should consult the health plan's coverage policies, member benefits, and medical necessity guidelines to complete this form. Providers may attach any additional data relevant to medical necessity criteria.

Preauthorization Contacts

Traditional Pharmacy			
Member Plan	Partner	Fax/Electronic	Phone
All ConnectiCare	Express Scripts (ESI)	Commercial: Pharmacy: 877-251-5896 Medical: 888-631-8817 Medicare: Pharmacy: 877-251-5896 Medical: 888-631-8817 ePA Available	Commercial: Pharmacy: 877-417-5383 , 24/7/365 Medical: 877-391-7821 , 8 a.m. to 7 p.m., Monday through Friday Medicare: Pharmacy: 877-954-2282 , 24/7/365 Medical: 877-391-7821 , 8 a.m. to 7 p.m., Monday through Friday
Medical drug, non-Chemo			
Member Plan	Partner	Fax/Electronic	Phone
All ConnectiCare	Care Continuum (ESI)	Commercial: Pharmacy: 877-251-5896 Medical: 866-896-1209 Medicare: Pharmacy: 877-251-5896 Medical: 888-896-1209 ePA Available	Commercial: Pharmacy: 844-516-3324 , 24/7/365 Medical: 877-681-9866 , 8 a.m. to 7 p.m., Monday through Friday Medicare: Pharmacy: 877-920-1470 , 24/7/365 Medical: 877-681-9866 , 8 a.m. to 7 p.m., Monday through Friday
Chemotherapy regimen, including oral drugs			
Member Plan	Partner	Fax/Electronic	Phone
ConnectiCare members under 18 years of age	ESI	Commercial: Pharmacy: 877-251-5896 Medical: 866-896-1209 Medicare: Pharmacy: 877-251-5896 Medical: 866-896-1209 ePA Available	Commercial: Pharmacy: 844-516-3324 , 24/7/365 Medical: 877-681-9866 , 8 a.m. to 7 p.m., Monday through Friday Medicare: Pharmacy: 877-920-1470 , 24/7/365 Medical: 877-681-9866 , 8 a.m. to 7 p.m., Monday through Friday
ConnectiCare members over 18 years of age	New Century Health (NCH)	877-624-8602 Online at my.newcenturyhealth.com	888-999-7713 , option 6, 8 a.m. to 8 p.m., Monday through Friday
New Century Health			
Service categories with ICD-10 diagnosis codes other than those listed here are out-of-scope		<ul style="list-style-type: none"> • Cancer diagnosis-C00-D49, E34.0, K31.7, K63.5, L53.8, Q85. • Hematology diagnosis-D50-D53, D55-D62, D63.0, D63.8, D64, D68.5, D68.6, D69-D77, D89.2, I88. • Other specified prophylactic or treatment measure (Z41.8). 	
New Century Health – Other Scope Exclusions			
Other out-of-scope categories		<ul style="list-style-type: none"> • Bone marrow transplants. • CKD diagnosis code D63.1. • Clinical trials. • Controlled substances (i.e. morphine)/ antibiotics. • Equipment request (e.G.,lv pump). • ESRD patients. • Hemophilia drugs. • Home Health. • Inpatient chemotherapy services. • Inpatient requests. • Radiopharmaceuticals. 	

We encourage you to take advantage of ESI's electronic preauthorization (ePA) option. ePA is fast, secure, and simple. Any authorized personnel, including nurses and office staff, can use your electronic health record (EHR) or sign into an online portal. You save time, and patients get their medications faster.

ePA website: express-scripts.com/corporate/healthcare-providers/physician-innovation

For Massachusetts the appropriate drug prior authorization (PA) form may be located by utilizing the following link
mhdل.pharmacy.services.conduent.com/MHDL/pubpa.do?category=Prior+Authorization+Forms+for+Pharmacy+Services