



## Medical Benefit Prior Authorization Submission

Neighborhood News – July 2023

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Due to the complexity of clinical reviews and the clinical information required, Neighborhood Health Plan of Rhode Island's (Neighborhood) Pharmacy Department strongly recommends electronic or email submission of requests. This method helps streamline the process by minimizing the back-and-forth to gather supporting records for medical necessity evaluations.

### Electronic Prior Authorization Form (eForm)\*

- The eForm is a feature specifically designed to enable providers to submit requests electronically via our Neighborhood Pharmacy Provider Resources Webpage for **Medical Benefit Drug Requests**.
- The eForm provides a user-friendly alternative to manually faxing prior authorization requests for medical benefit drugs, thereby minimizing administrative burden.

Get started by visiting the [Pharmacy General Medical Authorization eForm](#).

### Secure Email\*

- Neighborhood's Pharmacy Department is now pleased to accept Medical benefit drug requests via secure email at [RxMedicalBenefits@nhpri.org](mailto:RxMedicalBenefits@nhpri.org).
- Secure email offers another viable alternative to manually faxing prior authorization requests for Medical benefit drugs and further minimizes administrative burden.

**\*Please note that the eForm and secure email processes do not replace electronic prior authorizations through CoverMyMeds for Pharmacy benefit requests.**