

Medical Benefit Prior Authorization Submission

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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 helps streamline the process by minimizing the back-and-forth needed to gather supporting records for medical necessity evaluations.

Electronic Prior Authorization (ePA) Electronic Form (e-form)*

- The e-form 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 e-form provides a user-friendly alternative to manually faxing prior authorization requests for medical benefit drugs, thereby minimizing administrative burden.

[Click here to access the Pharmacy General Medical Authorization E-Form.](#)

Secure Email*

- Neighborhood's Pharmacy Department accepts Medical Benefit drug requests via secure email at 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 e-form and secure email processes **do not** replace ePA through [Covermyeds](#) for Pharmacy Benefit requests.