

**Commercial Prior Authorization Summary:**

Type of Request per Formulary	Who Reviews	Where to Send	Comments
Step therapy	HNE	fax to 413-233-2777	Do not use CoverMyMeds
Quantity Exception	HNE	fax to 413-233-2777	Do not use CoverMyMeds
Not Covered/Medical Necessity	HNE	fax to 413-233-2777	Do not use CoverMyMeds
Clinical Review Period	HNE	fax to 413-233-2777	Do not use CoverMyMeds
Brand name (multisource)	HNE	fax to 413-233-2777	Do not use CoverMyMeds
Prior Authorization ( <i>not step therapy medications</i> )	OptumRx	fax to 800-550-9246 or use CoverMyMeds	If sent to 413.233.2777, the request will be forwarded
Plan exclusions	HNE	fax to 413-233-2777	Do not use CoverMyMeds
Medical Drugs (J-Codes)	Prime Therapeutics (formerly MagellanRx)	Submit by phone or portal	Do not use CoverMyMeds
Pharmacy Medication Appeals	HNE	Fax to 413-233-2685	Do not use CoverMyMeds
Medical drug Appeals	Prime Therapeutics (formerly MagellanRx)	Submit by phone or portal	Do not use CoverMyMeds

**BeHealthy/Medicaid Prior Authorization Summary:**

Type of Request per Formulary	Who Reviews	Where to Send	Comments
Quantity Exception	OptumRx	fax to 800-550-9246 or use CoverMyMeds	If sent to 413.233.2777, the request will be forwarded
Not Covered/Medical Necessity	OptumRx	fax to 800-550-9246 or use CoverMyMeds	If sent to 413.233.2777, the request will be forwarded
Clinical Review Period	HNE	fax to 413-233-2777	Do not use CoverMyMeds
Brand name (multisource)	OptumRx	fax to 800-550-9246 or use CoverMyMeds	If sent to 413.233.2777, the request will be forwarded
Prior Authorization	OptumRx	fax to 800-550-9246 or use CoverMyMeds	If sent to 413.233.2777, the request will be forwarded
Plan exclusions	HNE	fax to 413-233-2777	Do not use CoverMyMeds
Medical Drugs (J-Codes)	Prime Therapeutics (formerly MagellanRx)	Submit by phone or portal	Do not use CoverMyMeds
Pharmacy Medication Appeals	HNE	Fax to 413-233-2685	Do not use CoverMyMeds
Medical drug Appeals	Prime Therapeutics (formerly MagellanRx)	Submit by phone or portal	Do not use CoverMyMeds

**Medicare Prior Authorization Summary:**

Type of Request per Formulary	Who Reviews	Where to Send	Comments
Step Therapy	OptumRx	fax to 844-403-1028 or use CoverMyMeds	If sent to 413.233.2777, the request will be forwarded
Quantity Exception	OptumRx	fax to 844-403-1028 or use CoverMyMeds	If sent to 413.233.2777, the request will be forwarded
Non-Formulary	OptumRx	fax to 844-403-1028 or use CoverMyMeds	If sent to 413.233.2777, the request will be forwarded
Prior Authorization	OptumRx	fax to 844-403-1028 or use CoverMyMeds	If sent to 413.233.2777, the request will be forwarded
Medical Drugs (J-Codes)	Prime Therapeutics (formerly MagellanRx)	Submit by phone or portal	Do not use CoverMyMeds
Pharmacy Medication Appeals	OptumRx	fax to 844-403-1028	Do not use CoverMyMeds
Medical drug Appeals	HNE	Fax to 413-233-2685	Do not use CoverMyMeds

Questions? Email [pharmacyrequests@hne.com](mailto:pharmacyrequests@hne.com) or call 413-787-4004 or 800-310-2835, Last updated October 2024

\*\*\* If a review is sent to Optum/CoverMyMeds that is processed by HNE internally, it cannot be routed back to HNE due to privacy/HIPAA regulations, therefore a new request will need to be faxed to HNE directly.