

- New Request
- Update Existing Request
- Check here if this is URGENT

MTF Providers may submit via the MTF Provider Portal:
esrx.com/mpp

(Instructions available in the Document Repository
 within the MTF Provider Portal)

Fax completed form to **1-866-684-4477**

Beneficiary Information			Date:
Beneficiary Name:	Sponsor SSN:		DOB:
Address:	City:	State:	Zip:
Beneficiary Phone:			

Location Information
Is the request from an MCSC, Non-GME MTF, or GME MTF? <input type="checkbox"/> MCSC – please complete Parts A & C <input type="checkbox"/> Non-GME MTF – please complete Parts A & C <input type="checkbox"/> GME MTF – please complete Parts B & C

Part A

Please check: <input type="checkbox"/> Health Net <input type="checkbox"/> Humana <input type="checkbox"/> MTF Requestor			
Name:			
Requestor Email:			
Requestor Phone:		Requestor Fax:	
Requestor acknowledges that the beneficiary is eligible for ART services as an ADSM/spouse of an ADSM, who was seriously or severely ill (Category II, III) and has or will undergo cancer therapy that may have effected their fertility? Beneficiaries not meeting this requirement should undergo the normal prior authorization process.			
<input type="checkbox"/> Acknowledged			
Prescribing Physician Information			
Prescribing Physician Name:		Prescriber DEA/NPI (Required):	
Address:	City:	State:	Zip:
Prescribing Physician Phone:			
Is the prescribing physician also the physician deeming the beneficiary is eligible for fertility treatment under TOM T-2017 Chapter 17. Sec 3. 2.4.2.11? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please provide that physician's information below)			
Physician Name:		Prescriber DEA/NPI (Required):	
Address:	City:	State:	Zip:
Physician Phone:			

Proceed to Part C: Medication Information

Part B

Part B GME MTF:			
Requestor Name:		Email:	
Requestor Phone:		Requestor Fax:	
Please check which GME MTF:			
<input type="checkbox"/> Walter Reed National Military Medical Center (WRNMMC) <input type="checkbox"/> Tripler Army Medical Center (TAMC) <input type="checkbox"/> Womack Army Medical Center (WAMC) <input type="checkbox"/> Madigan Army Medical Center (MAMC) <input type="checkbox"/> Brooke Army Medical Center (BAMC) <input type="checkbox"/> Naval Medical Center San Diego (NMCSO) <input type="checkbox"/> Naval Medical Center Portsmouth (NMCP) <input type="checkbox"/> Wright Patterson Medical Center/88th Medical Group (WPAFB)			
Prescribing Physician Information			
Prescribing Physician Name:			Prescriber DEA/NPI (Required):
Address:	City:	State:	Zip:
Prescribing Physician Phone:			

Proceed to Part C: Medication Information

Part C

Part C: Medication Information		
Medication Name(s):	Strength:	NDC:
Effective date:	Expiration Date:	
Directions:		