

**Prior Authorization Request Form
Kentucky Medicaid**

Brand Medically Necessary

Fax to: (800) 365-8835 or **Mail to:** Pharmacy Dept, 1st Floor South, 14100 Magellan Plaza, Maryland Heights, MO 63043

Note: This form is *required* to request a brand name drug when preferred generic forms of the drug are available.

Limit: One request per form. **Questions?** Call Magellan Medicaid Administration at 800-477-3071

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REQUESTOR	<input type="checkbox"/> Prescriber <input type="checkbox"/> Pharmacy	Requestor Name <i>(Print)</i>
RECIPIENT	Last Name, First Name, Middle I.:	
DOB:	Recipient ID:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
PRESCRIBER	Name:	NPI: - - - - -
Phone: ()		Fax: ()
Specialty:		
PHARMACY	Name:	NPI: - - - - -
Phone: ()		Fax: ()
REQUEST	Brand Drug:	Strength: Dosage Form:
Primary Diagnosis	Dosage schedule:	
Other Diagnoses:	QTY:	Day Supply:
RATIONALE FOR PRIOR AUTHORIZATION	Requested Start Date:	

Has patient recently been treated with generic forms of the requested brand name drug? Yes No
If yes, specify manufacturer, dosage and length of therapy with generic forms.

If the patient has had an adverse response to the generic form of the drug, have you submitted a MedWatch form to the FDA? Yes No If yes, please include a copy with this form.

Please provide any other medical justification why the individual cannot be appropriately treated with the generic form of the drug. Provide any appropriate laboratory tests, blood levels, dates generic drugs prescribed by current/previous providers, or any other medical documents to support the request for the brand name drug.

Hand write " Brand Medically Necessary" _____

Prescriber Signature *(required to complete process)* (no stamped signatures) _____

Signature of submitter _____ Date: _____

By signing this form, the prescriber is attesting that documentation supporting the above information is recorded in the Patient's Medical Chart. A prior authorization is not a guarantee of payment. Payment is contingent upon eligibility as set forth by the benefits program.

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