



Drug Prior Authorization Request Form

(KY -MAP-82101, revised 6/1/10)

Not to be used for, Atypical Antipsychotic Agents, Suboxone-Subutex, Zyvox, Synagis or Brand Name PA requests. Please use specific forms.

FAX to 800-365-8835

OR **MAIL** to Pharmacy Department, 1st floor South, 14100 Magellan Plaza, Maryland Heights, MO 63043

For **URGENT** Requests Only, FAX to **800-421-9064**

For **NURSING FACILITY** Requests Only, FAX to **800-453-2273**

SUBMITTED BY : [] Prescriber [] Pharmacy

RECIPIENT NAME	MAID # (10 digits)	DATE OF BIRTH
	- - - - -	

Magellan is directed to FAX a response to the following fax number (s):	Prescriber Fax # (Print Clearly)	and /or	Pharmacy Fax # (Print Clearly)

	PRESCRIBER Information	PHARMACY Information	
Name			
Phone # <i>(Not fax number)</i>			
NPI # <i>(Not DEA #)</i>		NPI # <i>(Not DEA #)</i>	

	Drug Requested <i>(Use separate form to request more than 4 drugs.)</i>	Dosage Form	Strength	Quantity	Directions for use	Start Date for this PA	National Drug Code <i>(if known)</i>
1							
2							
3							
4							

HAS THE REQUESTED DRUG BEEN PRIOR AUTHORIZED PREVIOUSLY? [] Yes [] No [] Unknown

PERTINENT DIAGNOSES _____

CURRENT MEDICATIONS _____

MEDICAL JUSTIFICATION *(including drugs already tried)* _____

This authorization request is not a guarantee of payment. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information on this form and on accompanying attachments is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication is received in error, the reader shall notify sender immediately and destroy all information received.