



**Kansas Medical Assistance Program**  
 PA Phone 800-933-6593  
 PA Fax 800-913-2229



**Amerigroup**  
 PA Pharmacy Phone 855-201-7170  
 PA Pharmacy Fax 800-601-4829  
 PA Medical Fax 855-363-0728  
 PA Medical Phone 855-201-7170



**Sunflower**  
 PA Pharmacy Phone 877-397-9526  
 PA Pharmacy Fax 866-399-0929  
 PA Medical Fax 888-453-4756  
 PA Medical Phone 877-644-4623



**UnitedHealthcare**  
 PA Pharmacy Phone 800-310-6826  
 PA Pharmacy Fax 866-940-7328  
 PA Medical Fax 866-943-6474  
 PA Medical Phone 866-604-3267

## Kansas Medicaid Universal Pharmacy/Medical

### Prior Authorization Request

Complete form in its entirety and fax to member's plan PA helpdesk  
 For questions please call the member's plan PA Helpdesk

**Please Complete:**  Drug will be dispensed from a pharmacy (pharmacy benefit)  
 Drug will be dispensed from provider office, hospital, outpatient stock (Buy and Bill/medical benefit)

I. Patient Information		II. Provider Information	
Patient Name:		Prescriber Name	
ID Number:		Prescriber Specialty	
Date of Birth:		Prescriber Address	
Address:		Prescriber Phone	
City, State, Zip:		Prescriber NPI	
Primary Phone:		Pharmacy Name	
		Pharmacy Address	
		Pharmacy Phone:	
		Facility/Physician Name	
		Facility/Physician Address	
		Facility/Physician Phone	

### III. Prior Authorization – Drug Specific Required Data

A select number of drugs may require Prior Authorization (PA). Drugs requiring PA may have to meet clinical and/or Non-Preferred PDL PA criteria before the claim may be considered for payment.

Please provide the required data for the specific drug being requested. Below is a list of links you may find helpful in determining the required information:

- Clinical PA criteria :[http://www.kdheks.gov/hcf/pharmacy/pa\\_criteria.htm](http://www.kdheks.gov/hcf/pharmacy/pa_criteria.htm)
- KS Preferred Drug List (PDL): <http://www.kdheks.gov/hcf/pharmacy/download/PDLList.pdf>
- Non-Preferred, PA Required PDL criteria: [http://www.kdheks.gov/hcf/pharmacy/download/Non-Preferred\\_PA\\_Criteria\\_for\\_PDL\\_Drugs.pdf](http://www.kdheks.gov/hcf/pharmacy/download/Non-Preferred_PA_Criteria_for_PDL_Drugs.pdf)
- KS NDC lookup tool: <https://www.kmap-state-ks.us/Provider/PRICING/NDCSearch.asp>

**Note: Any area not filled out are considered not applicable to your patient & may affect the outcome of this request:**

Requested Drug Name & NDC	Strength/Frequency	Quantity	Day Supply
Requested Drug & HCPCS	# Units requested	Expected Length of Therapy	

- New Therapy or
- Renewal Therapy – If renewal, please indicate any change in dose, strength, or quantity
  - INCREASED  DECREASED  REMAINED THE SAME
- Member's diagnosis related to this request

\_\_\_\_\_

- ICD 10 code \_\_\_\_\_

- Member's lab values and clinical data related to this request (MUST INCLUDE DATES FOR ALL DATA PROVIDED)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Drugs member has taken for this diagnosis and any relevant information relating to therapy

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Clinical rationale or justification for request

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IV. Physician signature**

\_\_\_\_\_  
 Prescriber or authorized signature \_\_\_\_\_  
 Date

*Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.*

**Note: Payment is subject to member eligibility. Authorization does not guarantee payment.**

The document(s) accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.