

Kentucky Medicaid
Prior Authorization Form

Not to be used for Atypical Antipsychotic Agents, Buprenorphine Products, Zyvox, or Brand Name PA Requests

If the following information is not complete, correct, or legible, the PA process can be delayed. Use one form per member please.

Member Information

LAST NAME:

Grid for last name input

FIRST NAME:

Grid for first name input

ID NUMBER:

Grid for ID number input

DATE OF BIRTH:

Grid for date of birth input

SEX:

Male Female checkboxes

Prescriber Information

LAST NAME:

Grid for last name input

FIRST NAME:

Grid for first name input

NPI NUMBER:

Grid for NPI number input

DEA NUMBER:

Grid for DEA number input

PHONE NUMBER:

Grid for phone number input

FAX NUMBER:

Grid for fax number input

SPECIALTY:

Pharmacy Information

NAME:

Grid for pharmacy name input

NPI NUMBER:

Grid for NPI number input

PHONE NUMBER:

Grid for phone number input

FAX NUMBER:

Grid for fax number input

Request

DRUG:**

STRENGTH:

DOSAGE FORM:

PRIMARY DIAGNOSIS:

DOSAGE SCHEDULE:

OTHER DIAGNOSES:

QUANTITY:

DAY SUPPLY:

Rationale for Prior Authorization

Requested Start Date:

Current Medications:

Horizontal lines for listing current medications

Medical Justification (including drugs already tried-provide dates:

Horizontal lines for medical justification

Signature of submitter (Required)

Date

(**On behalf of the Prescriber or Pharmacy Provider, I certify that the information stated above is a true statement, made for the purposes of inducing Kentucky Medicaid to offer prescription coverage to this individual for the medication requested above. I understand that Magellan Medicaid Administration, a Magellan Rx Management company, on behalf of the Commonwealth, will retain this document and any attached materials for the purposes of possible future audit(s).

Fax This Form to: 1-800-365-8835
Mail requests to: Medicaid PA Unit
c/o Magellan Medicaid Administration
1st floor, 11013 W. Broad St
Glen Allen, VA 23060
Phone: 1-800-477-3071

Note: ** One drug request per fax form please.

Magellan Medicaid Administration, a Magellan Rx Management company, will provide a response within 24 hours upon receipt.

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