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Arkansas Medicaid Prescription Drug Program
Statement of Medical Necessity Prior Authorization Request

Fax form to: 1-800-424-7976 For questions, call: 1-800-424-7895

If the following information is not complete, correct, or legible, the prior authorization (PA) process can be delayed. Please use one form per beneficiary.

Requestor Name: _____ **Title:** _____

BENEFICIARY INFORMATION

Beneficiary Last Name: _____

Beneficiary First Name: _____

Medicaid ID: _____ Date of Birth: _____

PRESCRIBER INFORMATION

Prescriber Last Name: _____

Prescriber First Name: _____

Prescriber NPI: _____ DEA #: _____

Prescriber Phone: _____ Prescriber Fax: _____

PHARMACY INFORMATION

Pharmacy Name: _____ Pharmacy Fax: _____

DRUG INFORMATION

Other specific medication forms can be found at https://arkansas.magellanrx.com/provider/forms.

Drug Name: _____ Drug Strength: _____

Drug Form: _____ Quantity: _____

Dosing: _____

Diagnosis:

Include a letter of Medical Necessity with supporting documentation (chart notes, lab results) to assist in the PA process and fax to Magellan Arkansas Medicaid Pharmacy Unit: 800-424-7976.

Prescriber Signature: _____ **Date:** _____

Prescriber's original signature **required**; copied, stamped, or e-signature are not allowed. By signature, the physician confirms the information is accurate and verifiable by patient records.

Retain this documentation in the patient's medical records. Falsification of medical records is liable to the U.S. government for a civil penalty of not less than $5,000 and not more the $10,000, plus 3 times the amount of damages that the government sustains because of the act of that person. [42 U.S.C.A. § 3729(a)]. **Confidentiality Notice:** The documents accompanying this transmission contain confidential health information that is legally privileged. 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 received this information in error, please notify the sender (via return fax) immediately and arrange for the return or destruction of these documents.