

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

After completing the information below please fax to Empower Healthcare Solutions. Fax: 1-866-546-0484. For questions call: 1-844-865-7829.

Requestor Name and Title: _____

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

Beneficiary Information

LAST NAME:

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Prescriber Information

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MEDICATION REQUESTED* (PLEASE LIST DRUG AND STRENGTH):

*Please note that if the requested medication is for Hepatitis C treatment, Selzentry®, Suboxone®/Subutex®, Synagis®, Xolair®, or Invega Trinza®, please complete the appropriate prior authorization request, Medically Necessary (Medwatch), and Informed Consent forms that can be found at <https://arkansas.magellanrx.com> -> Provider -> Resources -> Forms

MEDICATION: _____

STRENGTH: _____

DIAGNOSIS:

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Please attach or include a letter of Medical Necessity along with supporting documentation (e.g. chart notes, lab results, etc.) to assist in the prior authorization process and fax to Empower Healthcare Solutions at 866-546-0484.

Prescriber Signature (Required)

Prescriber's original signature required; copied, stamped, or e-signature are not allowed.

(By signature, the Physician confirms the above information is accurate and verifiable by patient records.)

Date

Please retain this documentation in the patient's medical records. Falsification of medical records is liable to the United States Government for a civil penalty of not less than \$5,000 and not more the \$10,000, plus 3 times the amount of damages which 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 have received this information in error, please notify the sender (Via return FAX) immediately and arrange for the return or destruction of these documents.