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Arkansas Medicaid Prescription Drug Program

Statement of Medical Necessity Prior Authorization Request for Empower Healthcare Solutions

Fax form to: 1-866-546-0484 **For questions, call: 1-844-865-7829**

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://getempowerhealth.com/for-providers/for-pharmacies/pharmacy-materials/pharmacy-forms-and-resources/

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 Prime Therapeutics Management 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.