



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



Sunflower
 PA Pharmacy Phone 877-397-9526
 PA Pharmacy Fax 866-399-0929



UnitedHealthcare
 PA Pharmacy Phone 800-310-6826
 PA Pharmacy Fax 866-940-7328

Prior Authorization for Non-Preferred Medications

Access PDL list at:

<http://www.kdheks.gov/hcf/pharmacy/download/PDLList.pdf>

Beneficiary Information

Name: _____
 Medicaid ID #: _____ Date of Birth: _____

Pharmacy Information

Name: _____ Medicaid ID #: _____
 NPI #: _____ Phone #: _____ Fax #: _____
 Requested Drug: _____ NDC: _____

Prescriber Information

Name: _____ Medicaid ID #: _____
 NPI #: _____ Phone #: _____ Fax #: _____

Non-Preferred Prior Authorization

Please check the appropriate box and provide the required information to receive the requested non-preferred drug.

- If there is one preferred agent in the preferred category, has patient tried and failed the one preferred agent in the last 180 days (unless medical intolerance/allergy)?**
 Yes No Intolerance/allergy
- If there are two or more agents in the preferred category, has patient tried and failed two preferred agents in the last 180 days (unless medical intolerance/allergy to all agents in the preferred class)?**
 Yes No Intolerance/allergy to all preferred agents
- An appropriate formulation or indication is not available as a preferred drug.** Please specify which formulation or indication is needed and information supporting the need: _____

Prescriber's Signature: _____ **Date:** _____

This form will be returned unprocessed if it is not completed in its entirety.