

MEDICATION PRIOR AUTHORIZATION REQUEST FORM

FAX this completed form to 1-833-546-1507

OR Mail request to: Pharmacy Services Prior Authorization Dept. 5 River Park Place East, Suite 210 | Fresno, CA 93720

Call 1-866-399-0928 to request a 72-hour supply of medication.

Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information, expect during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

MULTI-SOURCE BRAND DRUG

Note: Form must be completed in full. An incomplete form may be returned.

Request for Multi-Source Brand Drug Due to Adverse Effects or Ineffectiveness of Generic

Note to Prescribing Physician: THIS FORM MUST BE SUBMITTED ALONG WITH A MISCELLANEOUS PRIOR AUTHORIZATION FORM AND COPY OF THE PRESCRIPTION IF A REQUEST IS BEING MADE TO DISPENSE A BRAND PRODUCT DUE TO ADVERSE EFFECTS OR INEFFECTIVENESS OF A GENERIC.

It is very important that physician's prescribe generic drugs whenever possible. Most FDA-approved generics are bioequivalent and therapeutically equivalent to the brand name drug. This request form is **ONLY** to be used if your patient has experienced an adverse medical reaction to the generic drug or if you can document that your patient has had better medical results when taking the multi-source brand drug, as opposed to its generic substitute.

Recipient's Medicaid ID#											Date	Date of Birth (MM/DD/YYYY)																		
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DOS	Dose, Frequency, & Route Used:														ЪО	Dose, Frequency, & Route Used:														
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Therapy Dates (if unknown, give duration) from/to (or best														, , ,																
estimate):																														
Dia	Diagnasia for the (Indication).																													
Dia	Diagnosis for Use (Indication):																													
	ADVERSE EVENT														BENEFITS OF BRAND PRODUCT															
Des	Describe event or problem with generic:														Describe how brand will alleviate problem:															
(Mu	st pro	vide ı	medic	al rec	ord d	ocum	entati	ion de	escrib	ing a	dvers	e eve	ent)		(Must provide medical record documentation describing adverse event)															
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