## Michigan Department of Health and Human Services (MDHHS) Prior Authorization Request General PA Form

All information on this form must be addressed. Incomplete forms will be returned only once for missing information. Mark as 'N/A' if no information is available or does not apply. Issues that remain blank after being returned once will receive a denial and will not qualify for MDHHS physician review until completed or clearly marked 'N/A'.

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Drug Name Strength						Dosing						Duration of Tx												
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DIAGNOSIS FOR USE OF THIS MEDICATION:																								
CAN THIS BENEFICIARY USE A PREFERRED MEDICATION?																								
HAS THIS BENEFICIARY SEEN ANY OTHER PROVIDER FOR THIS CONDITION? Yes No																								
IF "YES," WHAT WAS THE PROVIDER'S SPECIALTY AND RECOMMENDATION?																								
REASON FOR THE EXCEPTION REQUEST: PREVIOUS HISTORY OF A MEDICAL CONDITION, ALLERGIES, LAB / TEST RESULTS, AND / OR OTHER PERTINENT MEDICAL INFORMATION. MARK AS 'N/A' IF NO INFORMATION IS AVAILABLE AND CANNOT BE PROVIDED.																								
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Submit requests to:

Magellan Medicaid Administration 11013 W Broad Street Suite 500

Glen Allen, VA 23060

Fax: 888-603-7696 Phone: 877-864-9014

This form is available at <a href="https://michigan.magellanrx.com/provider/forms/">https://michigan.magellanrx.com/provider/forms/</a> © 2016–2022 by Magellan Rx Management, LLC. All rights reserved.

Magellan Rx MANAGEMENTS

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## NAMES OF PREVIOUS MEDICATIONS TRIED FOR THIS CONDITION: PLEASE INCLUDE THE REASONS FOR THERAPEUTIC FAILURE. MARK AS 'N/A' IF NO INFORMATION IS AVAILABLE AND CANNOT BE PROVIDED.

Drug Name	Strength	Directions	Dates	Reason for Failure

## PERTINENT LABORATORY TEST(S) OR PROCEDURE(S). MARK AS 'N/A' IF NO INFORMATION IS AVAILABLE AND CANNOT BE PROVIDED.

Procedure	Findings	Date							
ADDITIONAL COMMENTS:									