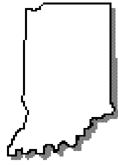
INDIANA HEALTH COVERAGE PROGRAMS (IHCP) PHARMACY BENEFIT
PRIOR AUTHORIZTION REQUEST FORM
BRAND MEDICALLY NECESSARY (BMN) MEDICATION



MDwise
Fax to: (858) 790-7100
c/o MedImpact Healthcare Systems, Inc.
Attn: Prior Authorization Department
10181 Scripps Gateway Court, San Diego, CA 92131
Phone: (800) 788-2949

Note: This form must be filled out by prescribing provider.

Prescriber: *In accordance with Indiana Medicaid law at 405 IAC 5-24-8(a), prior authorization is required when specifying "brand medically necessary" for substitutable brand name drugs. A few exceptions apply, please contact the Call Center at the number indicated above for details.*
Please complete the sections indicated below and provide documentation as specified.

Today's Date
__ __ / __ __ / __ __ __ __

Note: This form must be completed by the prescribing provider.

****All sections must be completed or the request will be returned****

Patient's Medicaid #	Date of Birth __ / __ / __
Patient's Name	Prescriber's Name
Prescriber's IN License #	Specialty
Prescriber's NPI #	Prescriber's Signature
Return Fax # ___ - ___ - ____	Return Phone # ___ - ___ - ____
Check box if requesting retro-active PA ☐	Date(s) of service requested for retro-active eligibility (if applicable):

Note: Submit PA requests for retroactive claims (dates of service prior to eligibility determination, but within established eligibility timelines) with dates of service prior to 30 calendar days of submission separately from current PA requests (dates of service 30 calendar days or less and going forward).

Medication for which "brand medically necessary" is being specified	Strength	Quantity	Dosage Regimen	Diagnosis

MedWatch Form Attachment:

Prior authorization is contingent upon your submission to FDA of a completed MedWatch form which describes the adverse event(s) experienced by the patient with a generic equivalent for the brand name drug for which you are specifying "brand medically necessary".

Please attach to this prior authorization request form a photocopy of the MedWatch form you are submitting to FDA. NOTE: Please do not submit original MedWatch forms to OptumRx.

MedWatch forms can be downloaded at the following address:
http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM163919.pdf

Please contact the Call Center at the number indicated above if you have questions about this form or require assistance in completing it.

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