FAX TO : 1-800-459-2135
Health Information Designs, Inc.
P.O. Box 320506
Flowood, MS 39232
Phone 800-355-0486

For Beneficiaries Under 21 Years of Age Medical Necessity Prior Authorization Form for Children

This form is for beneficiaries under the age of 21. Reasons for prior authorization request may include, but are not limited to:

1. Request for more than 5 prescription claims per month
2. Request for more than 2 brand name prescription claims per month
3. Request for non-covered medication

BENEFICIARY INFORMATION

Beneficiary's Name: ______________________________ Beneficiary's Medicaid # ______________________

DOB: ____________________ City_________________
Month Day 4-Digit Year

PRESCRIBER INFORMATION

NPI #: ___________________________________

Prescribing Physician: _________________________________ Medicaid ID # ______________________________

City___________________ State ______ Phone #: __________________________________

FAX #: __________________________________

____
Physician's signature and date

I hereby certify that I am the ordering physician/nurse practitioner/physician assistant identified in this form and I deem the prescribed medication to be necessary for the patient listed. I understand that any falsification, omission or concealment of material fact may subject me to civil penalties, fines or criminal prosecution.

PHARMACY INFORMATION

Dispensing Pharmacy: _________________________________ Provider # __________________________________

City___________________ State ______ Phone #: __________________________________

FAX #: ___________________________________

Requests for non-preferred products are subject to Division of Medicaid approval criteria. Please consult the Preferred Drug List at www.dom.state.ms.us or call Health Information Designs for assistance at 1-800-355-0486.

	REQUESTED MEDICATION	DIAGNOSIS	PREFERRED PRODUCT (Yes/No)	REQUESTED QUANTITY PER MONTH
1.				
2.				
3.				
4.				
5.				

Additional Medical Justification: ____

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MS Division of Medicaid requires that all information requested on this form be completed for consideration of approval.

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