

FLORIDA MEDICAID PRIOR AUTHORIZATION

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	of E	3irth	(MM	MM/DD/YYYY)															
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1100	, p.c.																												
Prescriber's Full Name													1	1	1	,	,	ı		ı	1								
Prescriber's NPI																													
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			(Give	laha	_	NERI	-	_			know	m)				REQUESTED BRAND PRODUCT													
Nan	(Give labeled strength & mfr/labeler, if known) Name:												Na	(Give labeled strength & mfr/labeler, if known) Name:															
	Manufacturer:													Manufacturer:															
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Dos	e, F	requ	iency	/, & F	Route	Use	d:								Do	Dose, Frequency, & Route Used:													
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Therapy Dates (if unknown, give duration) from/to (or best																													
estimate):																													
Diagnosis for Use (Indication):																													
ADVERSE EVENT													BENEFITS OF BRAND PRODUCT																
Describe event or problem with generic:													Describe how brand will alleviate problem:																
(Must provide medical record documentation describing adverse event)												(Must provide medical record documentation describing adverse event)																	
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Sign	natur	e: _									Signature:																		

Fax this form to 1-866-940-7328

Pharmacy PA Call Center: 1-855-258-1593

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