

Minnesota Health Care Programs (MHCP)

Drug Prior Authorization Request

This form is for requesting prior authorization for outpatient drugs dispensed at a pharmacy. If you would like to request prior authorization for a drug administered at a clinic or other outpatient setting, please use the [medical authorization request \(DHS-4695\) \(PDF\)](#). The Minnesota Department of Human Services contracts with the MHCP Prescription Drug PA Review Agent, Kepro, to provide drug prior authorization services. Direct all inquiries regarding PAs – including questions on criteria and status of PA – to Kepro. Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 for all other inquiries, including questions about claims or refill-too-soon overrides. Access criteria information and forms through the MHCP Pharmacy website at www.dhs.state.mn.us/provider/pharm.

Obtain authorization by calling MHCP Prescription Drug PA Review Agent with the following information or by faxing a completed form to MHCP Prescription Drug PA Review Agent.

MHCP Prescription Drug PA Review Agent
Hours: Monday–Friday, 8:00 a.m. to 5:30 p.m.

Phone: 866-205-2818 **Fax:** 866-648-4574

You must have this information available before calling or faxing MHCP Prescription Drug PA Review Agent.

Bolded fields are required to process the PA request. Incomplete forms will be returned.

Requestor Information

REQUESTOR NAME		PHONE NUMBER (include area code)	REQUESTOR AFFILIATION (check one) <input type="radio"/> Pharmacy <input type="radio"/> Prescriber	
<input type="checkbox"/> Renewal of Expired Authorization – PA # of expired authorization _____		<input type="checkbox"/> New Request		
<input type="checkbox"/> Copay Only Authorization – Amount paid by primary insurance _____				
<input type="checkbox"/> Patient Between Prepaid Health Plans		<input type="checkbox"/> Other (specify) _____		
PHARMACY NAME	PHARMACY NPI	PHONE NUMBER (include area code)	FAX NUMBER (include area code)	
PRESCRIBER NAME	PRESCRIBER NPI	PHONE NUMBER (include area code)	FAX NUMBER (include area code)	
DRUG NAME / STRENGTH		NDC	QUANTITY	REFILLS
DIRECTIONS			AUTH START DATE (M/D/YYYY)	
MEMBER NAME		MEMBER MA ID NUMBER	MEMBER DATE OF BIRTH (M/D/YYYY)	
DIAGNOSIS				
OTHER MEDICATIONS TRIED AND DATE OF OTHER MEDICATION TRIALS FOR THIS CONDITION				
DOCUMENTATION OF STATUS CHANGE OR ADVERSE REACTION CAUSED BY TRIALS OF OTHER MEDICATIONS (CHART DOCUMENTATION MAY BE ATTACHED)				
OTHER PERTINENT CLINICAL INFORMATION	AUTHORIZATION NUMBER (Prescribers obtaining PA must provide #)		XDEA NUMBER (Suboxone claims only)	

Pharmacists may dispense up to a 72-hour supply of the prescribed medication when MHCP Prescription Drug PA Review Agent staff is off duty. MHCP Prescription Drug PA Review Agent is allowed to authorize up to a 72-hour supply in that situation. However, additional supplies will not be authorized if PA criteria are not met.