



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

PRIOR AUTHORIZATION REQUEST COVERSHEET

Please check the member's appropriate health plan listed below:

Retail Pharmacy Requests

- Magellan Medicaid Administration, LLC**
For Aetna Better Health of Louisiana, AmeriHealth Caritas Louisiana, Healthy Blue, Humana, LA Healthcare Connections, United Healthcare
Phone: 1-800-424-1664 / Fax: 1-800-424-7402
- Fee-for-Service (FFS) Louisiana Legacy Medicaid**
Phone: 1-866-730-4357 / Fax: 1-866-797-2329 / www.lamedicaid.com

Requests for Medications Through Medical Benefit

- Aetna Better Health of Louisiana – Medical Benefit – Physician Administered Drugs**
Phone: 855-242-0802 / Fax: 844-227-9205 / TTY: 855-242-0802, 711
- AmeriHealth Caritas Louisiana**
Phone: 1-800-684-5502 / Fax: 1-855-452-9131 / www.amerihealthcaritasla.com/pharmacy/priorauth.aspx
- Healthy Blue – Medical Injectables**
1-844-521-6942 (M–F 7 a.m.–7 p.m., Sat. 9 a.m.–1 p.m. CT) / Fax: 844-487-9291
CenterX®: Submit through EPIC EMR
- Humana – Professionally Administered Drugs**
Availity.com (registration required)
Phone: 1-866-461-7273 (M–F 7 a.m.–10 p.m. CT) / Fax: 1-888-447-3430 / (request form at Humana.com/medPA)
- LA Healthcare Connections – Physician Administered Medication (Buy and Bill)**
Phone: 1-866-595-8133 / Fax: 1-866-925-3006
- United Healthcare – Medical Benefit**
Phone: 1-888-397-8129 / Fax: 877-271-6290 / www.UHCprovider.com

PRIVACY AND CONFIDENTIALITY WARNING

This facsimile transmission may contain Protected Health Information, Individual Identifiable Health Information and other information which is protected by law. The information is intended only for the use of the intended recipient. If you are not the intended recipient, you are hereby notified that any review, disclosure/re-disclosure, copying, storing, distributing or the taking of action in reliance on the content of this facsimile transmission and any attachments thereto, is strictly prohibited. If you have received this facsimile transmission in error, please notify the sender immediately via telephone and destroy the contents of this facsimile transmission and its attachments.

PLEASE CALL IF YOU HAVE ANY PROBLEMS RECEIVING THIS FAX OR IF PAGES ARE MISSING

Fax this form to 800-424-7402

For questions call 800-424-1664

Submit this completed form via US mail to:

Magellan Medicaid Administration, LLC
Attn: GV – 4201
P.O. Box 64811
St. Paul, MN 55164-0811

Complaints and grievances can also be submitted via phone, fax or online by using the Contact Us link.

Date: _____

BENEFICIARY INFORMATION

Beneficiary Last Name: _____

Beneficiary First Name: _____

Beneficiary Phone: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

GRIEVANCE/COMPLAINT SUMMARY

Complaint Type:

- Benefit Coverage/Cost
- Misinformation Provided by Magellan Medicaid Administration (MMA)
- Network Pharmacy Issue
- Rudeness
- Other: _____

Description of issue reported:

Beneficiary availability for follow-up:

Attachments