



**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](http://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](http://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](http://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](http://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](http://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

**Send this completed form using US mail to:**

Magellan Medicaid Administration, LLC  
Attn: GV – 4203  
P.O. Box 64811  
St. Paul, MN 55164-0811

**OFFICIAL USE AND DETAILS**

You can pick someone to act for you. The person you pick is your representative.

- The person you choose can file a complaint about Magellan Medicaid Administration (MMA).
- The person you choose can get your pharmacy benefit details.
- The person you list below will act for you.
- MMA cannot give anyone your information unless you complete this form. MMA cannot speak to anyone unless you complete this form.

I, \_\_\_\_\_ want the following person to get my pharmacy benefit details. I want the following person to be able to file a complaint for me. I understand that the person I pick to act for me may be given my personal health information about my complaint.

Beneficiary ID Number: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Representative Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What is your complaint?

Beneficiary's or Guardian's Signature: \_\_\_\_\_

Relationship to Beneficiary:

Self    Parent    Guardian    Other   Date: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

Relationship to Beneficiary:

Prescriber    Parent    Guardian    Other   Date: \_\_\_\_\_

**What happens once I submit this form?**

- The person you picked to act for you can get your pharmacy benefit information.
- The person you picked to act for you can file a complaint for you about MMA.
  - This permission is good for one year from the date you send us this document.

**You can remove or change representatives at any time.** To change the person who acts for you or remove them, call 800-424-1664.