



Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Program

MEDICATION PROBLEM REPORT
(TO BE COMPLETED BY PRESCRIBING PHYSICIAN)

Instructions: Check all that apply, fill in the blanks as necessary, and please print

Bucks County Cambria County Delaware County Lehigh County Montgomery County Northampton County

Member unable to obtain medication because of PH-MCO/pharmacy denial:

Aetna Better Health of Pennsylvania AmeriHealth Caritas Gateway Health Health Partners
Keystone First United Healthcare UPMC for You, Inc.

Pharmacy Name: Pharmacy Phone #:

Pharmacy Address:

Name of Medication:

Questions to Physician:

Were you aware of the need for preauthorization, if indicated? Yes No
Did the pharmacist call you? Yes No
Was the 72-hour supply provided to the member? Yes No
Did you speak to the PH-MCO? Yes No

Time of Day: PH-MCO Staff Name:

Were you able to obtain the prior authorization within 24 hours? Yes No

If no, why?

Name of Physician:

Agency:

Phone Number: Fax Number:

Signature: Date:

PLEASE FAX THIS FORM TO:

ATTN: Rajiv Vyas, Medical Director
FAX: 866-667-7744
TEL: 877-769-9779