Welcome to
Mental Health America of Eastern Missouri
1905 S. Grand • St. Louis, MO 63104 • 314-773-1399 • info@mhaem.org

Mental Health America has been notified that people on MO Healthnet (formerly Medicaid) sometimes have problems getting the medications that will help them the most. The form below will allow healthcare professionals to notify MO Healthnet of problems associated with prescriptions being changed or refused outright. Please print the form, fill it out, and send to the address below. And thanks!

Missouri Department of Social Services, MO HealthNet Division

Behavioral Health Medication Form

SUBMIT TO:

ATTN: Clinical Services
MO HealthNet Division
PO Box 6500
Jefferson City, MO 65102

Phone: (573) 751-6961
Fax: (573) 522-8514
Clinical.Services@dss.mo.gov

PATIENT INFORMATION: Patient Name _____MO HealthNet Number ___

Gender: _____ M _____ F Date of Birth _____ Diagnosis _____

Requested Medication _____ Strength _____ Quantity _____

Medication Dosing Schedule _____ Currently Taking Medication? _____

Name of **PRESCRIBING** Physician: _____

Complete Address_____**Phone**_____

Pharmacy Name _____ _____ _
[Address]
[Telephone]

Managed Care Organization [if known]: _____ Blue Advantage Plus of Kansas City; _____ HealthCare USA; _____I

_____Mercy Care Plus; _____ Harmony Health Plan

_____ Prior Authorization required _____ Medical Necessity required _____ Other (please specify _____

_____Prior Approval Denied _____Prior Approval Delayed: _____< 3 hrs; _____4-8 hrs; _____8-12 hrs _
_____24-48 hrs; _____48-72 hrs; ___
days

Total amount office staff time spent attempting to obtain authorization: _____ minutes; _____ hours

If the person was stable on a medication, how long have you been taking the drug? _____

In seeking prior approval, were you asked to change the prescription to a preferred drug? _____ Yes; _____ No

Were you asked if the patient had already failed on a preferred drug? _____Yes; _____No;

How many drugs was the patient required to try before obtaining approval for the drug you preferred? _____

Other comments:_____

Please note that the information requested in this form may be provided to the MO HealthNet Managed Care without violating confidentiality laws or regulations.