



**Kansas Medical Assistance Program**

P O Box 3571  
Topeka, KS 66601-3571  
Provider 1-800-933-6593  
Beneficiary 1-800-766-9012

**Clinical & Non-Preferred Prior Authorization  
Inhaled Long-Acting Beta<sub>2</sub>-Agonists**

*\*Clinical prior authorization may apply for all agents*

Preferred	Non-Preferred, Prior Authorization Required
Foradil® (formoterol) Serevent Diskus® (salmeterol) Striverdi Respimat® (olodaterol)	Arcapta® (indacaterol) Brovana® (arformoterol) Perforomist® (formoterol)

**Beneficiary Information**

Name: \_\_\_\_\_  
Medicaid ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Pharmacy Information**

Name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_  
NPI #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Requested Drug: \_\_\_\_\_ NDC: \_\_\_\_\_

**Prescriber Information**

Name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_  
NPI #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Clinical Prior Authorization (required for all agents)**

Does the patient have any of the following diagnosis?  COPD  COPD including Chronic bronchitis and emphysema  
 Persistent asthma  Asthma  Exercise-induced bronchospasm  
Is patient concurrently using an inhaled corticosteroid?  Yes  No

**Non-Preferred Prior Authorization (required for non-preferred agents)**

Please check the appropriate box and provide the required information to receive the requested non-preferred drug.

- Patient has a medical intolerance to preferred drug.** Please provide the name of the preferred drug and clinical symptoms of intolerance experienced by the patient: \_\_\_\_\_
- Patient has had an inadequate response to preferred drug.** Name of preferred agent patient tried: \_\_\_\_\_
- An appropriate formulation or indication is not available as a preferred drug.** Please specify which formulation or indication is needed and information supporting the need: \_\_\_\_\_

**Prescriber's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The completed form should be faxed to the HP Prior Authorization Unit at 1-800-913-2229.  
This form will be returned unprocessed if it is not completed in its entirety.**