### Alabama Medicaid Pharmacy
#### Override Request Form

**FAX:** (800) 748-0116  
**Phone:** (800) 748-0130  
Fax or Mail to KEPRO  
P.O. Box 3570  
Auburn, AL 36831-3210

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### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Patient Medicaid #</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Patient DOB</th>
<th>Patient phone # with area code</th>
<th>Nursing home resident</th>
<th>Yes</th>
</tr>
</thead>
</table>

### PRESCRIBER INFORMATION

<table>
<thead>
<tr>
<th>Prescriber name</th>
<th>NPI #</th>
<th>License #</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Phone # with area code</th>
<th>Fax # with area code</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Address (Optional)</th>
<th>Street or PO Box /City/State/Zip</th>
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</table>

I certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by the Alabama Medicaid Agency. I will be supervising the patient’s treatment. Supporting documentation is available in the patient record.

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### DISPENSING PHARMACY INFORMATION

<table>
<thead>
<tr>
<th>Dispensing pharmacy</th>
<th>NPI #</th>
</tr>
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<table>
<thead>
<tr>
<th>NDC #</th>
<th>J Code</th>
<th>Qty. requested per month</th>
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</thead>
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<table>
<thead>
<tr>
<th>Phone # with area code</th>
<th>Fax # with area code</th>
</tr>
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### CLINICAL INFORMATION

- **For Early Refill or Accumulation Override**
  - Medication lost
  - Physician changed the dosage
  - Medication destroyed
  - Medication stolen
  - Patient going out of town for period greater than the day’s supply remaining of the previous refill.

  Documentation
  - Supporting Documentation Attached

- For Maximum Unit or Maximum Cost or Maintenance Supply Override
  - Diagnosis
  - Medical Justification

- For Therapeutic Duplication, Ingredient Duplication or *Brand Limit Switch Over*
  - Diagnosis

  **Reason for Request**

  **Strength/Dosage change**

  **Switch over**

  **Titration and Concomitant Therapy**

  **Reason for change**

  * Stop date is required for strength/dosage change or switch over.
  ** Attach medical justification if both drugs are to be continued (titration/concomitant therapy).  
  * For specific documentation requirement, see Override instructions on the Medicaid web site.

- **For DAW=1 Override**
  - Initial Request
  - Renewal

  - FDA Medwatch Form 3500 must be submitted to Kepro

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### FOR KEPRO USE ONLY

- Approve request
- Deny request
- Modify request
- Medicaid eligibility verified

**Reviewer’s Signature**

**Response Date/Time**

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Form 409  
Revised 8/3/22  
**Alabama Medicaid Agency**  
www.medicaid.alabama.gov