



Fax Authorization for Pharmacy Lock-In

To: Magellan Pharmacy Department From:

Date:

Phone: (602) 572-5957 or (602) 572-8245 Phone:

Fax: (800) 424-4278 Fax:

Behavioral Health Recipient Name

Behavioral Health Recipient Date of Birth

Reason for Lock-In

Behavior change desired

Other Information Specific to Approval

If approved, the length of approval will be for 12 months.

Name and company requesting Pharmacy Lock-In

Signature _____

Printed Name _____

Date of Request _____