

Fax completed form to (866-759-4115) or mail to Prime Therapeutics State Government Solutions MAP Dept. Attention: NE Senior Pharmacist, 2900 Ames Crossing Road, Suite 200
Eagan, MN 55121

Nebraska Department of Health and Human Services - Medicaid
PRESCRIBER CERTIFICATION - this brand is medically necessary

Patient's Name (Please Print)	Patient's Case Number and ID
Drug Name and Strength	Drug NDC Number
Prescription Number (if known)	
Prescriber's Name	Prescriber's ID Number
Dispensing Pharmacy	Dispensing Pharmacy's Medicaid Number
Pharmacy Phone _____ Pharmacy Fax _____ Handwritten Signature of Prescriber _____ Date _____	Certification Dates FROM: _____ TO: _____ Date: (Month/Day/Year) Date: (Month/Day/Year) MC-6 Rev. 11/2024 (63010)

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