## **Arkansas Medicaid Pharmacy Program MedWatch Patient Information Request Form**

Prescribers must fax a completed MedWatch Patient Information Request Form and FDA MedWatch Form to the Prime Therapeutics-Arkansas Medicaid Pharmacy Unit at 1-800-424-7976.

FDA MedWatch Form is available at:

http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM163919.pdf

## All fields are required to be populated in order to process the request.

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COMPLETED MED WATCH FORM ATTACHED?:													i 🔲 i	No			-									

Prescriber Signature (Required)

Date

Prescriber's original signature required; copied, stamped, or e-signature are not allowed. (By signature, the Physician confirms the above information is accurate and verifiable by patient records.)