



MedWatch Form
Please complete the form when Brand is required
Incomplete forms will not be reviewed

Maryland Medicaid
Office of Pharmacy Services
Fax: (866) 440-9345
Phone: (833) 325-0105

Date (mm/dd/yyyy): _____

Patient Information

Name: _____ DOB: _____ M F
Medicaid Assistance Number: _____ Height: _____ Weight: _____

Prescriber Information

Name: _____ NPI: _____ Specialty: _____
Contact Person: _____ Phone: _____ Fax: _____

Diagnosis: _____

Prescription Information

Requested brand medication: _____ Strength: _____ Directions for use: _____
Generic medication tried: _____ Strength: _____ Manufacturer(s): _____
Directions for use: _____ Was the patient compliant? Yes No Dates of use: _____

Reason for requesting the brand. If the generic is linked to adverse drug event (ADE), describe the event:

Date of event: _____ Is the product available for evaluation? Yes No
Severity of the ADE: Life threatening Hospitalization Required interventions Other: _____
Did ADE abate after stopping or reducing the dose? Yes No
Did ADE reappear after the rechallenge? Yes No
Other medications the patient is currently on: _____
Degree of certainty that ADE is due to the generic Definite Probable Possible Other: _____
Adverse event reported to the FDA: Yes No

Prescriber must have witnessed or have documentation that the manifestation of adverse events is linked to generic medication. Completion of form does not automatically grant approval.

I attest that

- Clinical notes and all pertinent documentation (i.e., labs) associated with the current ADR or therapeutic failures are attached.
- The benefits of the treatment outweigh the risks and verify that the information provided on this form is true and accurate to the best of my knowledge.
- The MDH and prescriber acknowledge and agree that this request may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original.

Prescriber's Signature: _____ Date (mm/dd/yyyy): _____