



**Phenylketonuria Agents  
Prior Authorization Form**

**Fax Completed Form to:  
855-207-0250  
For questions regarding this  
Prior authorization, call  
866-773-0695**

Prior Authorization Vendor for ND

ND Medicaid requires that members receiving a new prescription for a phenylketonuria agent must meet the following criteria:

- **Member must have hyperphenalaninemia.**
- **Member must be following a PHE restricted diet.**

**Part I: TO BE COMPLETED BY PRESCRIBER**

Recipient Name		Recipient Date of Birth	Recipient Medicaid ID Number	
Prescriber Name				
Prescriber NPI		Telephone Number	Fax Number	
Address		City	State	Zip Code
Requested Drug and Dosage:	PHE level:	Diagnosis for this Request:	Member's weight:	
Has the member been known to have two null mutations in TRANS?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are baseline PHE levels attached?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the member of child-bearing potential?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is this a renewal request?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Has the member been compliant with diet and medications for past 6 months?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.				
Prescriber (or Staff) / Pharmacy Signature**			Date	
<p><b>**:</b> By completing this form, I hereby certify that the above request is true, accurate and complete. That the request is medically necessary, does not exceed the medical needs of the member, and is clinically supported in the member's medical records. I also understand that any misrepresentations or concealment of any information requested in the prior authorization request may subject me to audit and recoupment.</p>				

**Part II: TO BE COMPLETED BY PHARMACY**

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:
TELEPHONE NUMBER	FAX NUMBER	DRUG	NDC #