



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 Medicaid

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 REPRESENTATIVE

Member Name		Member Date of Birth		Member 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 member.					
Prescriber (or Staff) / Pharmacy Signature**					Date
**: 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.					

Part II: TO BE COMPLETED BY PHARMACY

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