



ACTOplus met Prior Authorization

Fax Completed Form to:
 866-254-0761
 For questions regarding this
 Prior authorization, call
 866-773-0695

Prior Authorization Vendor for ND Medicaid

ND Medicaid requires that patients receive Actos and Metformin separately.

***Note:**

- **Actos does not require PA**
- **Metformin does not require PA**
- **Patients must fail therapy on Actos and Metformin separately before a PA may be granted**

Part I: TO BE COMPLETED BY PRESCRIBER

Recipient Name		Recipient Date of Birth		Recipient Medicaid ID Number	
Prescriber Name					
Prescriber Medicaid Provider Number		Telephone Number		Fax Number	
Address		City		State	Zip Code
Requested Drug and Dosage: <input type="checkbox"/> ACTOplus met		Diagnosis for this request:			
Qualifications for coverage:					
<input type="checkbox"/> Failed both drugs separately		Start Date:		Dose:	
		End Date:		Frequency:	
Prescriber Signature				Date	

Part II: TO BE COMPLETED BY PHARMACY

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

Part III: FOR OFFICIAL USE ONLY

Date Received				Initials:	
Approved - Effective dates of PA: From: / / To: / /				Approved by:	
Denied: (Reasons)					