



AMRIX PA Form

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 try and fail generic cyclobenzaprine.

*Note:

- Cyclobenzaprine does not require PA
Patient must fail therapy on generic cyclobenzaprine before a PA will be considered for Amrix.

Part I: TO BE COMPLETED BY PRESCRIBER

Form with fields for Recipient Name, Date of birth, Prescriber Name, Address, City, State, Zip, Requested Drug, Requested Dosage, Qualifications for coverage, and Prescriber Signature/Date.

Part II: TO BE COMPLETED BY PHARMACY

Form with fields for Pharmacy Name, Phone, Drug, ND Medicaid Provider Number, FAX, and NDC#.

Part III: FOR OFFICIAL USE ONLY

Form with fields for Date, Initials, Effective dates of PA (From/To), and Denied (Reasons).