



Clorpres 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 clonidine and chlorthalidone separately.

***Note:**

- **Clonidine does not require PA**
- **Chlorthalidone does not require PA**

Part I: TO BE COMPLETED BY PHYSICIAN

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