



Daliresp 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 receiving a new prescription for Daliresp must follow the following guidelines:

- **Patient must be 18 years of age or older.**
- **Patient must have a diagnosis of severe COPD associated with chronic bronchitis and a history of exacerbations.**

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"/> Daliresp			Diagnosis for this request:		
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)					