



ORACEA 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

Note: ND Medicaid will not pay for Oracea without documented failure of a first line tetracycline agent.

- First line agents include: doxycycline, minocycline, and tetracycline.

Part I: TO BE COMPLETED BY PRESCRIBER

Form with fields for Recipient Name, Date of birth, Prescriber Name, Address, City, State, Zip, Requested Drug (ORACEA), 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).