



Sedative/Hypnotic 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 receiving a new prescription for a name brand Sedative/Hypnotic must use Ambien® (zolpidem) as first line therapy.

- \*Note:**
- The PA will be approved if there is a failed trial of Ambien (zolpidem).
  - Estazolam, flurazepam, temazepam, triazolam, quazepam and Ambien (zolpidem) do not require a PA.

**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
<b>Requested Drug and Dosage:</b>		<b>Diagnosis for this request:</b>			
<b>Qualifications for coverage:</b>					
<input type="checkbox"/> FAILED AMBIEN (ZOLPIDEM)		Start Date:		Dose:	
		End Date:		Frequency:	
<input type="checkbox"/> HIGH RISK FOR ADDICTION					
<input type="checkbox"/> I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.					
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)					