



**Topical Ketoconazole Products
Prior Authorization**

Fax Completed Form to: 866-254-0761 For questions regarding this Prior authorization, call 866-773-0695
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Prior Authorization Vendor for ND Medicaid
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ND Medicaid requires that patients who are prescribed Extina, Xolegel, and Ketocon Plus must first try a covered ketoconazole medication.

***Note:**

- *Ketoconazole creams and ketoconazole shampoos do not require a prior authorization.*

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"/> Extina <input type="checkbox"/> Xolegel <input type="checkbox"/> Ketocon Plus			Diagnosis for this request:		
Qualifications for coverage:					
<input type="checkbox"/> Medication Failed _____		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)					