

**Serotonin (5-HT₁) Receptor Agonists -
Triptan 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 Axert, Frova, Maxalt, Relpax, Treximet, or Zomig must try sumatriptan then naratriptan as first line therapies.

***Note:**

- **Sumatriptan does not require a PA.**
- **Injectables are not subject to a prior authorization at this time.**

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
Requested Drug and Dosage: <input type="checkbox"/> RELPAX <input type="checkbox"/> MAXALT <input type="checkbox"/> AXERT <input type="checkbox"/> TREXIMET <input type="checkbox"/> FROVA <input type="checkbox"/> ZOMIG			Diagnosis for this request:		
Qualifications for coverage:					
<input type="checkbox"/> Failed sumatriptan therapy	Start Date	End Date		Dose	Frequency
<input type="checkbox"/> Failed naratriptan therapy	Start Date	End Date		Dose	Frequency
<input type="checkbox"/> <i>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.</i>					
Prescriber Signature				Date	

Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:		
TELEPHONE 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)					