



Xenical 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 prescription for Xenical must be seen by a dietician.

***Note:**

- **Patient must have dietician evaluation attached to PA form including height and weight.**
- **BMI must be equal to or greater than 40.**
- **5% weight loss must be realized for continued approval (every 6 months).**

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"/> XENICAL			Diagnosis for this request:		
Qualifications for coverage:					
<input type="checkbox"/> Dietician evaluation attached		Height:		Weight:	
				BMI:	
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)					