



ANTI-HISTAMINE PRIOR AUTHORIZATION
 ND DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES DIVISION
 SFN 851 (Rev. 10/2005)

Fax Completed Form to:
 866-254-0761 or 334-321-2199
 For questions regarding this
 prior authorization, call
 866-773-0695 or 334-321-0268

North Dakota Medicaid requires that patients receiving anti-histamines must use **Loratadine*** as first line.

***Note:**

- Loratadine OTC may be prescribed **WITHOUT** prior authorization. Loratadine OTC is covered by Medicaid when prescribed by a physician.
- Prior authorization is **NOT** required for patients < 13 years of age.
- Patients must use loratadine OTC for a minimum of 14 days for the trial to be considered a failure. Patient preference does not constitute a failure.
- Net cost to Medicaid: Loratadine<<<Zyrtec<Clarinetex<Allegra.

Part I: TO BE COMPLETED BY PHYSICIAN - COMPLETE PART I AND FAX TO PATIENT'S PHARMACY

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number
Physician Name		
		Zip Code
Requested Drug:		

Qualifications for coverage:

Part II: TO BE COMPLETED BY PHARMACY - COMPLETE PART II AND FAX TO NUMBER AT TOP OF FORM

Part III: FOR STATE USE ONLY

Date Received	Initials
Approved - Effective dates of PA From: / / To: / /	Approved By
Denied (Reasons)	