MEDICATION THERAPY MANAGEMENT (MTM) SERVICE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 1106 (5-2019)

Instructions to providers: Fax this form to 701-328-1544, ATTN: Pharmacy.

Recipient Information

Recipient Name	Date of Birth	Medicaid ID Number

MTM Services is Referred By

- ☐ Department
- ☐ Filling Pharmacy

Special Considerations

- ☐ Recipient will be filling medications at a different pharmacy
- ☐ MTM services will be provided using tele-pharmacy (real time audio and visual conferencing)

MTM Services to be Provided

- ☐ Asthma / COPD
- ☐ Diabetes
- ☐ Deprescribing
- ☐ Acute to Chronic Treatment
- ☐ High Risk
- ☐ Transition of Care
- ☐ Non-compliance

Provider Information

MTM Provider Name	
MTM Pharmacy Name	
Provider Billing NPI	
MTM Provider Signature	Date