Provider Help Desk 1 (877) 776 –1567 FAX Completed Form To 1 (800) 574-2515

## Iowa Department of Human Services REQUEST FOR PRIOR AUTHORIZATION NEBIVOLOL (BYSTOLIC<sup>®</sup>)

This form is used for both preferred and non-preferred agents. (PLEASE PRINT –ACCURACY IS IMPORTANT)

IA Medicaid Member ID #:	Patient Name:	DOB:				
Patient Address:						
Provider NPI:	Prescriber Name:	Phone:				
Prescriber Address:		Fax:				
		Phone:				
Prescriber must fill all information above. It must be legible, correct and complete or form will be returned.						
Pharmacy						
NPI:	Pharmacy Fax:	NDC :				

Prior authorization is required for Bystolic<sup>®</sup>. Payment will be considered in cases where there are documented trials and therapy failures with two preferred cardio-selective beta-blockers of a different chemical entity at a therapeutic dose. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

## **Non-Preferred**

Bystolic

	Strength	Dosage Instructions	- •	Days Supply		
Diagnosis:						
Preferred Trial 1: Drug Name			Strength	Dosage Instructions		
Trial date from	n:	Trial date to:				
Specify failure:						
Preferred Tr	ial 2: Drug Name		Strength	Dosage Instructions		
Trial date from	n:	Trial date to:				
Specify failure:						
Medical or contraindication reason to override trial requirements:						
Other medical	l conditions to consi	der:				
Attach lab results and other documentation as necessary.						
Prescriber Signature:				Date of Submission:		

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.