

Provider Help Desk
1.866.399.0928

FAX Completed Form To
1.877.386.4695

**REQUEST FOR PRIOR AUTHORIZATION NEBIVOLOL
(BYSTOLIC®)**

*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: _____
Pharmacy Name: _____	Address: _____	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®. 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	Quantity	Days Supply
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Diagnosis: _____

Preferred Trial 1: Drug Name _____ Strength _____ Dosage Instructions _____

Trial date from: _____ Trial date to: _____

Specify failure: _____

Preferred Trial 2: Drug Name _____ Strength _____ Dosage Instructions _____

Trial date from: _____ Trial date to: _____

Specify failure: _____

Medical or contraindication reason to override trial requirements: _____

Other medical conditions to consider: _____

Attach lab results and other documentation as necessary.

Prescriber Signature: _____ Date of Submission: _____

***MUST MATCH PRESCRIBER LISTED ABOVE**

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.