

CONTAINS CONFIDENTIAL PATIENT INFORMATION
ANGIOTENSIN RECEPTOR BLOCKER BEFORE ACE INHIBITOR
Prior Authorization of Benefits (PAB) Form

Complete form in its entirety and fax to:
Prior Authorization of Benefits Center at 1-844-512-9004
Provider Help Desk 1-800-454-3730

1. Patient information

2. Physician information

Patient name: _____ Patient ID #: _____ Patient DOB: _____ Date of Rx: _____ Patient phone #: _____ Patient email address: _____	Prescribing physician: _____ Physician address: _____ Physician phone #: _____ Physician fax #: _____ Physician specialty: _____ Physician DEA: _____ Physician NPI #: _____ Physician email address: _____
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3. Medication

4. Strength

5. Directions

6. Quantity per 30 days

			Specify: _____
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7. Diagnosis: _____

8. Approval criteria: CHECK ALL BOXES THAT APPLY

Note: Any areas not filled out are considered not applicable to your patient and MAY AFFECT THE OUTCOME of this request.

Payment for Angiotensin Receptor Blockers (ARB) and Angiotensin Receptor Blocker Combinations will only be considered for cases in which there is a contraindication or therapy failure with at least one ACE-I or ACE-I Combination. A completed prior authorization form will need to be submitted if a trial with an ACE-I or ACE-I Combination of at least 30 days in length is not found in the point-of-sale system and/or unless evidence is provided that use of an ACE-I or ACE-I Combination would be medically contraindicated. Prior authorization is required for all nonpreferred ARBs and ARB Combinations the first day of therapy. Payment for a nonpreferred ARB or ARB Combination will be considered following documentation of recent trials and therapy failures with a preferred ACE-I or ACE-I Combination AND a preferred ARB or ARB Combination.

Preferred

- Amlodipine/Olmesartan
- Amlodipine/Valsartan
- Amlodipine/Valsartan/HCTZ
- Irbesartan
- Irbesartan HCT
- Losartan
- Losartan HCT
- Valsartan
- Valsartan HCT

Non-Preferred

- Atacand
- Atacand HCT
- Avalide
- Avapro
- Azor
- Benicar
- Benicar HCT
- Cozaar
- Diovan
- Diovan HCT
- Edarbi
- Edarbyclor
- Eprosartan
- Exforge
- Exforge HCT
- Hyzaar

- Micardis
- Micardis HCT
- Olmesartan
- Olmesartan/Amlodipine/HCTZ
- Olmesartan/HCTZ
- Telmisartan
- Telmisartan/Amlodipine
- Telmisartan HCT
- Teveten
- Teveten HCT
- Tribenzor
- Twynsta
- Valtorna

Preferred ACE inhibitor trial: Drug name: _____ Strength: _____ Dosage _____ instructions: _____

Trial date from: _____ Trial date to: _____ Failure reason with ACE inhibitor: _____

Medical or contraindication reason to override ACE Inhibitor trial requirements: _____

Reason for use of nonpreferred drug requiring prior approval: _____

Other relevant information: _____



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Patient name: _____ Patient ID #: _____

Attach lab results and other documentation as necessary.

9. Physician signature

_____ Prescriber or authorized signature	_____ Date
<p><i>Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.</i></p> <p>Note: Payment is subject to member eligibility. Authorization does not guarantee payment.</p>	
<p>The document(s) accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation.</p> <p>If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.</p>	