

CONTAINS CONFIDENTIAL PATIENT INFORMATION
Bystolic (nebivolol)
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

Bystolic (nebivolol)	_____	_____	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 & MAY AFFECT THE OUTCOME of this request.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation of trials and therapy failures with two preferred cardio-selective beta-blockers* of a different chemical entity at a therapeutic dose has been provided If No:
		<input type="checkbox"/> Yes <input type="checkbox"/> No Documented evidence is provided that the use of these agents would be medically contraindicated

*The preferred cardio-selective beta-blockers are: acebutolol hcl, atenolol, bisoprolol fumarate, metoprolol succinate, metoprolol tartrate.

Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and laboratory data.

9. PHYSICIAN SIGNATURE

_____ Prescriber or Authorized Signature	_____ Date
<small>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. Note: Payment is subject to member eligibility. Authorization does not guarantee payment.</small>	
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