



This form is based on Express Scripts standard criteria and may not be applicable to all patients; certain plans and situations may require additional information beyond what is specifically requested.

Additional forms available: [www.express-scripts.com/pa](http://www.express-scripts.com/pa)

Fax completed form to **1-877-329-3760**  
If this an **URGENT** request, please call 1-800-753-2851

**Patient Information**

Patient First Name: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_

Patient ID#: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

**Prescriber Information**

Prescriber Name: \_\_\_\_\_

Prescriber DEA/NPI (required): \_\_\_\_\_

Prescriber Phone #: \_\_\_\_\_

Prescriber Fax #: \_\_\_\_\_

Prescriber Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

**Please indicate which drug and strength is being requested:**

- ☐ Bystolic 2.5mg
- ☐ Bystolic 5mg
- ☐ Bystolic 10mg
- ☐ Bystolic 20mg
- ☐ Coreg 3.125mg
- ☐ Coreg 6.25mg
- ☐ Coreg 12.5mg
- ☐ Coreg 25mg
- ☐ Coreg CR 10mg
- ☐ Coreg CR 20mg
- ☐ Coreg CR 40mg
- ☐ Coreg CR 80mg
- ☐ Corgard 20mg
- ☐ Corgard 40mg
- ☐ Corgard 80mg
- ☐ Corgard 120mg
- ☐ Corgard 160mg
- ☐ Corzide 40mg-5mg
- ☐ Corzide 80mg-5mg

- ☐ Inderal 10mg
- ☐ Inderal 20mg
- ☐ Inderal 40mg
- ☐ Inderal 60mg
- ☐ Inderal 80mg
- ☐ Inderal LA 60mg
- ☐ Inderal LA 80mg
- ☐ Inderal LA 120mg
- ☐ Inderal LA 160mg
- ☐ Inderide 25mg-40mg
- ☐ Inderide 25mg-80mg
- ☐ InnoPran XL 80mg
- ☐ InnoPran XL 120mg
- ☐ Kerlone 10mg
- ☐ Kerlone 20mg
- ☐ Levatol 20mg
- ☐ Lopressor 50mg
- ☐ Lopressor 100mg
- ☐ Lopressor HCT 50mg-25mg
- ☐ Lopressor HCT 100mg-25mg
- ☐ Lopressor HCT 100mg-50mg

- ☐ Sectral 200mg
- ☐ Sectral 400mg
- ☐ Tenoretic 50mg
- ☐ Tenoretic 100mg
- ☐ Tenormin 25mg
- ☐ Tenormin 50mg
- ☐ Tenormin 100mg
- ☐ Toprol XL 25mg
- ☐ Toprol XL 50mg
- ☐ Toprol XL 100mg
- ☐ Toprol XL 200mg
- ☐ Trandate 100mg
- ☐ Trandate 200mg
- ☐ Trandate 300mg
- ☐ Zebeta 5mg
- ☐ Zebeta 10mg
- ☐ Ziac 2.5mg-6.25mg
- ☐ Ziac 5mg-6.25mg
- ☐ Ziac 10mg-6.25mg
- ☐ Other: \_\_\_\_\_

**Directions for use (i.e. QD, BID, PRN & Qty):** \_\_\_\_\_**Please complete the clinical assessment:**

1. Is the patient currently taking the requested medication?

☐ Yes☐ No

2. Is the patient taking samples or paying 100% out of pocket for the medication being requested? If no, please indicate: <input type="checkbox"/> Requested medication covered under previous insurance plan <input type="checkbox"/> Started medication in hospital <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Has the patient tried one generic beta-blocker or generic beta-blocker/diuretic combination product? If yes, please indicate: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Acebutolol  <input type="checkbox"/> Atenolol  <input type="checkbox"/> Atenolol/chlorthalidone  <input type="checkbox"/> Betaxolol  <input type="checkbox"/> Bisoprolol  <input type="checkbox"/> Bisoprolol/HCTZ  <input type="checkbox"/> Carvedilol  <input type="checkbox"/> Labetalol  <input type="checkbox"/> Metoprolol tartrate </div> <div style="width: 50%;"> <input type="checkbox"/> Metoprolol succinate ER  <input type="checkbox"/> Metoprolol/HCTZ  <input type="checkbox"/> Nadolol  <input type="checkbox"/> Nadolol/bendroflumethiazide  <input type="checkbox"/> Pindolol  <input type="checkbox"/> Propranolol  <input type="checkbox"/> Propranolol ER  <input type="checkbox"/> Propranolol/HCTZ  <input type="checkbox"/> Timolol  <input type="checkbox"/> Other: _____ </div> </div>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Are there any other comments, diagnoses, symptoms, and/or any other information the physician feels is important to this review?**

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Prescriber Signature: _____ Date: _____ Office Contact Name: _____ Phone Number: _____
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Based upon each patient's prescription plan, additional questions may be required to complete the prior authorization process. If you have any questions about the process or required information, please contact our prior authorization team at the number listed on the top of this form.

Prior Authorization of Benefits is not the practice of medicine or a substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for the patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

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