



Kansas Medical Assistance Program

P O Box 3571
 Topeka, KS 66601-3571
 Provider 1-800-933-6593
 Beneficiary 1-800-766-9012

Prior Authorization for Non-Preferred Beta-Blockers

Preferred	Non-Preferred, Prior Authorization Required
Betapace® (sotalol)	Blocadren® (timolol)
Betapace AF® (sotalol AF)	Bystolic® (nebivolol)
Coreg® (carvedilol)	Coreg CR® (carvedilol CR)
Inderal® (propranolol)	Corgard® (nadolol)
Lopressor® (metoprolol tartrate)	Inderal® LA (propranolol XL)
Sectral® (acebutolol)	InnoPran® XL (propranolol XL)
Tenormin® (atenolol)	Kerlone® (betaxolol)
	Labetalol (labetalol)
	LevatoI® (penbutolol)
	Toprol® XL (metoprolol succinate)
	Visken® (pindolol)
	Zebeta® (bisoprolol)

Beneficiary Information

Name: _____
 Medicaid ID #: _____ Date of Birth: _____

Pharmacy Information

Name: _____ Medicaid ID #: _____
 NPI #: _____ Phone #: _____ Fax #: _____
 Requested Drug: _____ NDC: _____

Prescriber Information

Name: _____ Medicaid ID #: _____
 NPI #: _____ Phone #: _____ Fax #: _____

Please check the appropriate box and provide the required information to receive the requested non-preferred drug.

- Patient has a medical intolerance to preferred drug.** Please provide the name of the preferred drug and clinical symptoms of intolerance experienced by the patient: _____
- Patient has had an inadequate response to preferred drug.** Name of preferred agent patient tried: _____
- An appropriate formulation or indication is not available as a preferred drug.** Please specify which formulation or indication is needed and information supporting the need: _____

Prescriber's Signature: _____ **Date:** _____

The completed form should be faxed to the HPE Prior Authorization Unit at 1-800-913-2229.

This form will be returned unprocessed if it is not completed in its entirety.