



**ACE-Inhibitors (ACE-I), Angiotensin II
Receptor Blockers (ARB) and
Renin Inhibitor
PA Form**

**Fax Completed Form to:
866-254-0761
For questions regarding this
Prior authorization, call
866-773-0695**

Prior Authorization Vendor for ND

ND Medicaid requires that patients receiving a prescription for Aceon must try at least two generic ACE-Is as first line.
ND Medicaid requires that patients receiving an ARB or Renin Inhibitor must try and fail one ACE-I.

- *Note:**
- **ACE-I: Captopril, enalapril, moexipril, ramipril, lisinopril, trandolapril, quinapril, benazepril, and fosinopril and their hydrochlorothiazide containing combinations do not require a prior authorization.**
 - **Angiotensin II receptor antagonists: Cozaar, Micardis, Teveten, Atacand, Diovan, Avapro, Benicar, Edarbi and their hydrochlorothiazide containing combinations.**
 - **Renin Inhibitor: Tekturna and Tekturna HCT.**

Part I: TO BE COMPLETED BY PRESCRIBER

Recipient Name		Recipient Date of Birth		Recipient Medicaid ID Number	
Prescriber Name					
Prescriber Medicaid Provider Number			Telephone Number		Fax Number
Address		City		State	Zip Code
Requested Drug and Dosage:			Diagnosis for this request:		
Qualifications for coverage:					
<input type="checkbox"/> Failed ACE-I therapy (list two ACE-I to receive Aceon)	Start Date	End Date	Dose	Frequency	
<input type="checkbox"/> I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.					
Prescriber Signature				Date	

Part II: TO BE COMPLETED BY PHARMACY

PHARMACY NAME:			ND MEDICAID PROVIDER NUMBER:		
TELEPHONE NUMBER	FAX NUMBER	DRUG	NDC #		

Part III: FOR OFFICIAL USE ONLY

Date Received				Initials:	
Approved - Effective dates of PA: From: / / To: / /				Approved by:	
Denied: (Reasons)					