

Iowa Department of Human Services

Request for Prior Authorization NON-PARENTERAL VASOPRESSIN DERIVATIVES OF POSTERIOR PITUITARY HORMONE PRODUCTS

FAX Completed Form To
1 (877) 733-3195
Provider Help Desk
1 (844) 236-1464

(PLEASE PRINT - ACCURACY IS IMPORTANT)

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IA Medicaid Member ID #	Patient name			DOB	
Patient address					
Provider NPI	Prescriber name			Phone	
Prescriber address				Fax	
Pharmacy name	Address			Phone	
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.					
Pharmacy NPI	Pharmacy fax	e, correct, and c	NDC		
for members 6 years of age or older when dosed within established quantity limits for desmopressin acetate tablets. Payment for preferred non-parenteral vasopressin derivatives of posterior pituitary hormone products will be authorized for the following diagnoses: 1. Diabetes Insipidus, 2. Hemophilia A, and 3. Von Willebrand's disease. Requests for desmopressin nasal spray for the treatment of nocturnal enuresis will not be considered. Payment for non-preferred non-parenteral vasopressin derivatives will be authorized only for cases in which there is documentation of trial(s) and therapy failure with the preferred agent(s). Please refer to the Selected Brand-Name Drugs prior authorization form if requesting a non-preferred brand-name product. Preferred Non-Preferred					
□ Desmopressin Nasal Spray □ DDAVP Acetate Nasal Spray □ DDAVP Tablets □ DDAVP Tablets					
Strength I	Dosage Instructions	Quantity	Days Sup	ply	
Diagnosis: Diabetes insipidus Von Willebrand's disease Nocturnal enuresis* *If nocturnal enuresis, is patient 6		- "	specify)		
Please specify exact date range of last drug-free interval: From: To:					
Previous therapy (include drug name(s), strength and exact date ranges):					
Reason for use of Non-Preferred drug requiring prior approval:					
Attach lab results and other docu	<u> </u>				
Prescriber signature (Must match pres	scriber listed above.)		Date of sub	mission	

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.