

Ramipril (Altace) Prior Authorization Form

START HERE

**Member &
Prescriber
Information**

Member Name:	Prescriber Name:
	Prescriber Specialty:
Member Date of Birth:	Prescriber Phone #:
Member ID #:	Prescriber Fax #:

Criteria

Patient is 55 years old or older AND

Patient has documented one of the following comorbidities:

- Coronary Artery Disease (CAD)
- Stroke
- Peripheral Vascular Disease

Patient is 55 years old or older AND

Patient has Diabetes and at least one of the following cardiovascular risk factors:

- Hypertension
- Elevated Total Cholesterol
- Low HDL level
- Smoker
- Documented microalbuminuria

**Choose
Product**

Qualifying patients may begin on lower doses of ramipril (2.5 or 5 mg) but must be titrated to 10 mg of ramipril over a two-month period.

Ramipril will not be approved for patients who fail to meet these criteria or who are being treated only for hypertension, CHF or LVD post-myocardial infarction where other formulary ACE inhibitors (captopril, enalapril, lisinopril, benazepril) are available and can be used.

**Sign/Date &
Mail or Fax**

Prescriber Signature: _____ **Date:** _____

Prescriber NPI: _____

Mailing Address

Physicians Plus Insurance Corporation
Attn: Pharmacy Services
P.O. Box 2078
Madison WI 53701-2078

Physicians Plus Pharmacy Services Fax:

(608) 258-1905

Prior Authorization Questions?

(608) 260-7803 or (800) 545-5015 (ext. 7803)

www.pplusic.com/providers