

Prior Authorization Form

AETNA BETTER HEALTH OF ILLINOIS MEDICAID

Brand Name Drugs (IL88)

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to Aetna Better Health Illinois Medicaid at 1-855-684-5250. Please contact Aetna Better Health Illinois Medicaid at 1-866-212-2851 with questions regarding the prior authorization process.

When conditions are met, we will authorize the coverage of Brand Name Drugs (IL88). Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name (select from list of drugs shown)

Drug Name (select from list of drugs shown)

Other, Please specify

Quantity _____ Frequency _____ Strength _____

Route of Administration _____ Expected Length of therapy _____

Patient Information

Patient Name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient Phone: _____

Prescribing Physician

Physician Name: _____

Physician Phone: _____

Physician Fax: _____

Physician Address: _____

City, State, Zip: _____

Diagnosis: _____ ICD Code: _____

Please circle the appropriate answer for each question.

- 1. Did the patient experience an intolerance or adverse side effect to generic formulations made by 2 different manufacturers? Y N

[If yes, then skip to question 3.]

- 2. Did the patient experience a treatment failure with a trial of generic formulations made by 2 different manufacturers? Y N

[If no, then no further questions.]

3. Has a MedWatch Form 3500 been completed and submitted with this request? Y N

(Note: MedWatch form can be obtained from

<http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM163919.pdf>)

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature

Date