



02/18/2014

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID

Dipeptidyl Peptidase-4 Inhibitors (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 Dipeptidyl Peptidase-4 Inhibitors (IL88).
Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name
(specify drug) _____

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: _____

Comments: _____

Please circle the appropriate answer for each question.

1. Is the patient 18 years of age or older?

Y N

2. Is this request for Januvia, Janumet or Janumet XR?

Y N

[If no, then skip to question 4.]

3. Did the patient have a trial of, inadequate response, or contraindication to metformin?

Y N

[No further questions.]

4. Has the patient had a trial and failure or contraindication to Januvia, Janumet or Janumet XR?

Y N

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

Prescriber (Or Authorized) Signature and Date