

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID

Eligard, Trelstar, Vantas (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 Eligard, Trelstar, Vantas (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)

Eligard (leuprolide acetate) Trelstar (triptorelin) Vantas (histrelin acetate implant)

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. Does the patient have a diagnosis of prostate cancer? Y N [If no, no further questions.]
2. Is the patient at least 18 years old? Y N [If no, no further questions.]
3. Is the requested drug prescribed by or in consultation with an oncologist or urologist? Y N

Comments:

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

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Prescriber (Or Authorized) Signature

Date