



02/18/2014
Prior Authorization
AETNA BETTER HEALTH OF ILLINOIS MEDICAID GLP-1 Agonist (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 GLP-1 Agonist (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)		
Bydureon (exenatide extended release)	Byetta (exenatide)	Victoza (liraglutide)
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: _____
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Comments: _____

Please circle the appropriate answer for each question.	
1. Is the patient 18 years of age or older?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Has the patient had a trial and failure or contraindication to metformin?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Is this request for Byetta?	<input type="checkbox"/> Y <input type="checkbox"/> N
[If yes, then no further questions.]	
4. Does the patient have a recent A1c within the previous 3 months? If yes, please document A1c and date drawn:	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Has the patient had at least a 3 month trial and failure or contraindication to Byetta?	<input type="checkbox"/> Y <input type="checkbox"/> N

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

Prescriber (Or Authorized) Signature and Date