

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID
Ranexa (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 Ranexa (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)

Ranexa (ranolazine)

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. Is the patient 18 years of age or older? Y N
[If no, then no further questions.]
- 2. Does patient have a diagnosis of Chronic Angina? Y N
[If no, then no further questions.]
- 3. Has the patient tried at least 1 formulary anti-anginal agent from 2 different drug classes? Y N

BETA-BLOCKER: acebutolol, atenolol, carvedilol, metoprolol, nadolol, propranolol \ CALCIUM CHANNEL BLOCKER: amlodipine, diltiazem, felodipine, isradipine,

nifedipine, nicardipine, verapamil \ LONG-ACTING
NITRATE: isosorbide dinitrate, isosorbide mononitrate,
nitroglycerin patch

[If yes, no further questions.]

4. Does patient have contraindications to use of beta-blockers, calcium channel blockers and long-acting nitrates? Y N

Comments:

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

Prescriber (Or Authorized) Signature

Date