

8/17/2017

<%PANumber%>

Prior Authorization

Internal Use Only

AETNA BETTER HEALTH PENN MEDICAID
Non-Formulary Medications (PA88)

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 Pennsylvania Medicaid at **1-877-309-8077**.

Please contact Aetna Better Health Pennsylvania Medicaid at **1-866-638-1232** with questions regarding the Prior Authorization process.

When conditions are met, we will authorize the coverage of Non-Formulary Medications (PA88)

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: _____

Comments: _____

Please circle the appropriate answer for each question.

- 1. Is this a request that has been previously approved? Y N
 [If the answer to this question is yes, then no further questions.]
- 2. Has the patient tried a minimum of three formulary medications, if available? Please list the medications tried and reason for treatment failure: Y N
 [If the answer to this question is yes, then skip to question 6.]
- 3. Does the patient have a contraindication, such as drug allergy or serious drug interaction to formulary alternatives? Please list the medications and contraindications here: Y N
 [If the answer to this question is yes, then skip to question 6.]
- 4. Is the drug being prescribed because all other formulary medications do not have a medically accepted use for the patient's specific diagnosis? Y N

Prior Authorization Criteria Form

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[If the answer to this question is yes, then skip to question 6.]

5. Is the requested medication being prescribed for Non-FDA approved indications? Y N

Please submit ALL supporting documentation: Clinical notes and relevant laboratory results to support the diagnosis; Clinical literature to support safety, efficacy and dosing for the intended use (acceptable literature sources include drug information compendia such as Clinical Pharmacology or Micromedex, Clinical Practice Guidelines, or clinical trials from peer-reviewed journals)

6. Is this a request for a quantity-limit exception for this medication? Y N
Please document reason for quantity limit override request here
(e.g., dosage change)
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I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date