

Pharmacy Prior Authorization

AETNA BETTER HEALTH FLORIDA

Glucocorticoids-Oral (Medicaid)

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 Florida at **1-855-799-2554**.

When conditions are met, we will authorize the coverage of Glucocorticoids-Oral (Medicaid).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name _____

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: _____

Specialty: _____ NPI Number: _____

Physician Fax: _____ Physician Phone: _____

Physician Address: _____ City, State, Zip: _____

Diagnosis: _____ ICD Code: _____

Please circle the appropriate answer for each question.

1. Is there any reason that the patient cannot be switched to a preferred medication? (Acceptable reasons include allergy to the preferred medications in this class, contraindication or drug to drug interaction with all preferred medications, history of serious reaction to preferred medications) Y N

2. Has there been therapeutic failure of all preferred medications? 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 _____

Reference Number: C10666-A / Effective Date: 07/07/2017