

Pharmacy Prior Authorization

AETNA BETTER HEALTH FLORIDA

Multi Source Brand

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 Multi Source Brand.

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

Drug Name _____

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: _____

Specialty: _____ NPI Number: _____

Physician Fax: _____ Physician Phone: _____

Physician Address: _____ City, State, Zip: _____

Diagnosis: _____ ICD Code: _____

Please circle the appropriate answer for each question.

1. Has the provider submitted the multi-source brand drug PA form? Y N
[Note: the form is available at
http://ahca.myflorida.com/medicaid/Prescribed_Drug/pharm_thera/paforms/Multi_Source_Brand_Drug_Form.pdf]
2. Has the patient experienced an adverse medical reaction to the generic drug or has the provider submitted documentation showing that patient had better medical results when taking the multi-source brand drug, as opposed to its generic substitute? Y N

[Note: Copies of medical records (i.e. diagnostic evaluations and recent chart notes), the original prescription, and the most recent copies of related labs are required.]

Comments:

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

Prescriber (Or Authorized) Signature

Date