

Pharmacy Prior Authorization

AETNA BETTER HEALTH FLORIDA

Skeletal Muscle Relaxants (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 Skeletal Muscle Relaxants (Medicaid).

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

Drug Name *(circle drug)*

Amrix/Fexmid

Baclofen

Lorzone

Orphenadrine ER

Robaxin

Zanaflex

Other, specify drug _____

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: _____

Circle the appropriate answer for each question.

- 1. Is there any reason the patient cannot be changed to a medication not requiring prior approval? Y N

[Note: acceptable reasons include allergy to preferred medications, contraindication to or drug-to-drug interaction with preferred medications, history of serious reaction (e.g., syncope, severe hypotension) to preferred medications]

[If yes, then no further questions.]

2. Has there been a failure to respond to a therapeutic trial 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