Pharmacy Prior Authorization

AETNA BETTER HEALTH FLORIDA

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

Drug Name *(circle drug)*

Zyprexa Relprevv (olanzapine)

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 the patient 18 years of age or older? Y N
2. Does the patient have a diagnosis of schizophrenia? Y N
3. Is the prescriber enrolled in the Zyprexa Relprevv Patient Care Program demonstrated with supporting documentation (signed attestation)? Y N
4. Is the request for continuation of therapy following chronic therapy? Y N

   [If no, then skip to question 6.]

5. Does the patient have documentation (e.g., paid prescription claims and documented administration history) of uninterrupted (100% compliance) Zyprexa Relprevv therapy during the past 90 days and documented effectiveness? Y N

   [No further questions.]

6. Has the patient previously received Zyprexa Relprevv acute therapy (e.g., during institutionalization or hospitalization) and the prescriber is requesting continuation of therapy upon discharge? Y N

   [If yes, then skip to question 8.]

7. Has the patient had a trial and failure of preferred oral antipsychotics other than oral olanzapine or preferred long-acting injectables? Y N

   [If yes, then no further questions.]

8. Has the patient had a trail and failure of Risperdal Consta (defined as inefficacy or intolerability)? Y N

   [Note: Failure of Risperdal Consta is defined as an occurrence of intolerable adverse effect(s) (for example: constipation, extrapyramidal symptoms (EPS), or cardiac events). Failure may also be defined as "ineffectiveness of Risperdal Consta therapy" if the patient has received a minimum of a one month trial on the optimal dose of 50 mg every 2 weeks. (This must be verified in claims history or progress notes.)]

Comments:

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

Prescriber (Or Authorized) Signature Date