

Pharmacy Prior Authorization

AETNA BETTER HEALTH MICHIGAN

Valganciclovir (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 Michigan at **1-855-799-2551**.

When conditions are met, we will authorize the coverage of Valganciclovir (Medicaid).

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

**Drug Name (circle drug)**

valganciclovir tablets

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 request for continuation of therapy? Y N

[If yes, then skip to question 5.]

2. Does the patient have HIV and a diagnosis of cytomegalovirus (CMV) retinitis? Y N

[If no, then skip to question 4.]

3. Will the requested drug be used in combination with Vitrasert (ganciclovir intraocular implant)? Y N

[No further questions.]

4. Is the requested drug being prescribed for cytomegalovirus (CMV) infection prophylaxis for a high risk patient following transplantation of heart, kidney-pancreas, or kidney? Y    N

[No further questions.]

5. Is the patient compliant with medical or pharmacologic therapy and is demonstrating clinically significant improvement in condition? Y    N

**Comments:**

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

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**Prescriber (Or Authorized) Signature** **Date**