



MULTI-SOURCE BRAND DRUG

Note: Form must be completed in full. An incomplete form may be returned.

Request for Multi-Source Brand Drug Due to Adverse Effects or Ineffectiveness of Generic

Note to Prescribing Physician: THIS FORM MUST BE SUBMITTED ALONG WITH A MISCELLANEOUS PRIOR AUTHORIZATION FORM AND COPY OF THE PRESCRIPTION IF A REQUEST IS BEING MADE TO DISPENSE A BRAND PRODUCT DUE TO ADVERSE EFFECTS OR INEFFECTIVENESS OF A GENERIC.

It is very important that physician's prescribe generic drugs whenever possible. Most FDA-approved generics are bioequivalent and therapeutically equivalent to the brand name drug. This request form is ONLY to be used if your patient has experienced an adverse medical reaction to the generic drug or if you can document that your patient has had better medical results when taking the multi-source brand drug, as opposed to its generic substitute.

Recipient's Medicaid ID#

Grid for Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY)

Grid for Date of Birth (MM/DD/YYYY)

Recipient's Full Name

Grid for Recipient's Full Name

Prescriber's Full Name

Grid for Prescriber's Full Name

Prescriber's NPI

Grid for Prescriber's NPI

Prescriber Phone Number

Grid for Prescriber Phone Number

Prescriber Fax Number

Grid for Prescriber Fax Number

Table with 4 columns: GENERIC PRODUCT, REQUESTED BRAND PRODUCT, ADVERSE EVENT, BENEFITS OF BRAND PRODUCT. Each column contains fields for Name, Manufacturer, NDC#, Strength, Dose, Frequency, & Route Used, and Diagnosis for Use (Indication).

Signature: _____

Date: _____

Fax completed prior authorization request form to Aetna Better Health of Florida at 855-799-2554 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

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