



Pharmacy Prior Authorization Request Form

Aetna Better Health®

6. Is there any additional information the prescribing provider feels is important to this review? Please specify below or submit medical records.

For example, explain the negative impact on medical condition, safety issue, reason formulary agent is not suitable to a specific medical condition, expected adverse clinical outcome from use of formulary agent, or reason different dosage form or dose is needed.

7. Yes No Is request for a patient that is on an insulin pump? Make and Model: _____

Signature affirms that information given on this form is true and accurate and reflects office notes

Prescribing Provider's Signature:

Date:

Please note:

Some medications may require completion of a drug-specific request form. Please refer to plan website at www.aetnabetterhealth.com/pennsylvania/providers/pharmacy for drug-specific criteria forms.

Incomplete forms or forms without the chart notes will be returned.

Office notes, labs, and medical testing relevant to the request that show medical justification are required.

Standard turnaround time is 24 hours. You can call 800-822-2447 to check the status of a request.