12/30/2015

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS FAMILY HEALTH PLAN (MEDICAID)

Ranexa (IL88)

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 Illinois Medicaid at **1-844-242-0908**.
Please contact Aetna Better Health Illinois Medicaid at **1-866-212-2851** with questions regarding the Prior Authorization process.
When conditions are met, we will authorize the coverage of Ranexa (IL88).
Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name (select from list of drugs shown)
Ranexa (ranolazine)

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:** ______________________________

Please circle the appropriate answer for each question.

1. Is the patient 18 years of age or older? Y N

   [If no, then no further questions.]

2. Does patient have a diagnosis of Chronic Angina? Y N

   [If no, then no further questions.]

3. Has the patient tried at least 1 formulary anti-anginal agent from ALL 3 different drug classes? List medications tried: Y N

   BETA-BLOCKER: acebutolol, atenolol, carvedilol, metoprolol, nadolol, propranolol \ CALCIUM CHANNEL BLOCKER: amlodipine, diltiazem, felodipine, isradipine, nifedipine, nicardipine, verapamil \ LONG-ACTING NITRATE: isosorbide dinitrate, isosorbide mononitrate, nitroglycerin patch

   ____

   [If no, then skip to question 5.]

4. Will Ranexa be used in addition (add-on) to another anti-anginal medication (i.e., beta-blocker, calcium channel blocker, long-acting nitrate)? If yes, please document name of additional medication: Y N

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   [If yes, then no further questions.]

5. Does the patient have contraindications to beta-blockers, calcium channel blockers AND long-acting nitrates? If yes, please specify contraindication(s): Y N

Comments:

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

____

Prescriber (Or Authorized) Signature **Date**