

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS FAMILY HEALTH PLAN (MEDICAID)
Pradaxa (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 Pradaxa (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)

Dabigatran Capsules Pradaxa (dabigatran)
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: _____
Physician Phone: _____
Physician Fax: _____
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
- 2. Will Pradaxa be used with another anticoagulant Y N
- 3. Does the patient have non-valvular atrial fibrillation? Y N

4. Does the patient meet ONE of the following?

Y N

Documented failure/intolerance to warfarin (e.g. inability to achieve therapeutic INR on warfarin) \ Patient is unable to go in for INR monitoring (for patients in a rural area) \ Concern of drug interaction with warfarin \ Prescriber prefers Pradaxa based on the RE-LY clinical trial outcome showing lower risk of strokes and systemic embolism with Pradaxa versus warfarin

Comments:

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

Prescriber (Or Authorized) Signature

Date