

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS FAMILY HEALTH PLAN (MEDICAID)

Topical Hyaluronic Acid Derivatives (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 Topical Hyaluronic Acid Derivatives (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)

Bionect (hyaluronate sodium cream) Hygel (hyaluronate sodium gel)
Hylira (hyaluronate sodium gel) Xclair (hyaluronic acid)
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. Is the prescriber a dermatologist? Y N
3. Does the patient require treatment of burns, dermal ulcers, wounds, or radiation dermatitis? Y N
[If yes, then no further questions.]
4. Does the patient have a diagnosis of xerosis? Y N

5. Has the patient had a trial and failure of ammonium lactate or a topical corticosteroid? Y N

Comments:

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

Prescriber (Or Authorized) Signature

Date