06/01/2016

Prior Authorization

AETNA BETTER HEALTH OF MICHIGAN (MEDICAID)

Valganciclovir (MI88)

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 of Michigan at **1-855-799-2551**.
Please contact Aetna Better Health of Michigan at **1-866-316-3784** with questions regarding the Prior Authorization process.
When conditions are met, we will authorize the coverage of Valganciclovir (MI88).
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)

Valganciclovir Other, Please specify

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 request for continuation of therapy? Y N

   [If yes, then skip to question 5.]

2. Does the patient have HIV and a diagnosis of cytomegalovirus (CMV) retinitis? Y N

   [If no, then skip to question 4.]

3. Will the requested drug be used in combination with Vitrasert (ganciclovir intraocular implant)? Y N

   [No further questions.]

4. Is the requested drug being prescribed for cytomegalovirus (CMV) infection prophylaxis for a high risk patient following transplantation of heart, kidney-pancreas, or kidney? Y N

   [No further questions.]

5. Is the patient compliant with medical or pharmacologic therapy and is demonstrating clinically significant improvement in condition? 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