Prior Authorization

Aetna Better Health Texas

ComboAlprazolam, Carisoprodol, Hydrocodone (Medicaid)

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 Texas (Bexar and Tarrant) at 1-844-275-1084. When conditions are met, we will authorize the coverage of ComboAlprazolam, Carisoprodol, Hydrocodone (Medicaid).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Please circle the appropriate answer for each question.

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
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<tbody>
<tr>
<td>1. Does the patient have a 14-day overlap with each of the 3 drugs (alprazolam, hydrocodone, and carisoprodol) in the last 35 days?</td>
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<td>2. Is this request for a non-preferred drug?</td>
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</table>

[If no, then no further questions.]
3. Has the patient had a treatment failure with a preferred drug within any subclass or a contraindication or allergic reaction to any preferred drugs? IF YES, PLEASE LIST WHICH DRUG, DATES TRIED, AND DESCRIBE TREATMENT FAILURE, CONTRAINDICATION OR ALLERGIC REACTION EXPERIENCED

**Comments:**

__________________________________________________________________________________

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

__________________________________________________________________________________

**Prescriber (Or Authorized) Signature**

**Date**