

Fax Form Updates

Form to Update	Non-Preferred	Preferred	Language to insert after “For All Requests” section
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69265-4_Eylea_FINAL_12-8-19.pdf	Eylea	Avastin or Avastin biosimilar	<u>For All Medicare Requests:</u> 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Eylea (aflibercept) within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Avastin (bevacizumab) or bevacizumab biosimilar? 3. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient’s visual acuity of 20/50 or worse? 4. Please explain if there are any medical reason(s) that the patient cannot use Avastin (bevacizumab) or bevacizumab biosimilar.
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69275-4_Lucentis_FINAL_12-8-19.pdf	Lucentis	Avastin or Avastin biosimilar	<u>For All Medicare Requests:</u> 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Lucentis (ranibizumab) within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Avastin (bevacizumab) or bevacizumab biosimilar? 3. Please explain if there are any medical reason(s) that the patient cannot use Avastin (bevacizumab) or bevacizumab biosimilar.
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/68744-4_Visco_FINAL_12-8-19.pdf	Durolane, Euflexxa, Gelsyn-3, GenVisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz, Synvisc, Synvisc One, TriVisc	Visco-3, or Gel-One	<u>For All Medicare Requests:</u> 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with viscosupplementation within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial with Visco-3, or Gel-One? 3. Please explain if there are any medical reason(s) that the patient cannot use Visco-3, or Gel-One.
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/68694-4_Denosumab(Xgeva)_FINAL_12-8-19.pdf	Xgeva	Pamidronate, or zoledronic acid	<u>For All Medicare Requests:</u> 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Xgeva (denosumab) within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to pamidronate or zoledronic acid? 3. Please explain if there are any medical reason(s) that the patient cannot use pamidronate or zoledronic acid.
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/68979-4_Herceptin_FINAL_12-8-19.pdf	Herceptin, Herceptin Hylecta	Herceptin Biosimilar	<u>For All Medicare Requests:</u> 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Herceptin (trastuzumab) or Herceptin Hylecta (trastuzumab and hyaluronidase-oysk) within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to biosimilar trastuzumab? 3. Please explain if there are any medical reason(s) that the patient cannot use biosimilar trastuzumab.
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69389-4_Neupogen_FINAL_12-8-19.pdf	Neupogen	Zarxio	<u>For All Medicare Requests:</u> 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Neupogen (filgrastim) within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Zarxio (filgrastim-sndz)? 3. Please explain if there are any medical reason(s) that the patient cannot use Zarxio (filgrastim-sndz).
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69403-4_Nivestym_FINAL_12-8-19.pdf	Nivestym	Zarxio	<u>For All Medicare Requests:</u> 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Nivestym (filgrastim-aafi) within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Zarxio (filgrastim-sndz)? 3. Please explain if there are any medical reason(s) that the patient cannot use Zarxio (filgrastim-sndz).

https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69388-4_Granix_FINAL_12-8-19.pdf	Granix	Zarxio	For All Medicare Requests: 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Granix (tbo-filgrastim) within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Zarxio (filgrastim-sndz)? 3. Please explain if there are any medical reason(s) that the patient cannot use Zarxio (filgrastim-sndz).
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69391-4_Neulasta_FINAL_12-8-19.pdf	Neulasta, Neulasta Onpro	Udenyca	For All Medicare Requests: 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Neulasta (pegfilgrastim) within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Udenyca (pegfilgrastim-cbqv)? 3. Please explain if there are any medical reason(s) that the patient cannot use Udenyca (pegfilgrastim-cbqv).
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69395-4_Fulphila_FINAL_12-8-19.pdf	Fulphila	Udenyca	For All Medicare Requests: 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Fulphila (pegfilgrastim-jmdb) within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Udenyca (pegfilgrastim-cbqv)? 3. Please explain if there are any medical reason(s) that the patient cannot use Udenyca (pegfilgrastim-cbqv).
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/68305-4%20IVIG_FINAL_12-8-19.pdf	Bivigam, Carimune NF, Cuvitru, Flebogamma, Gammagard, Gammaked, Gammplex, Gamunex-C, Hyqvia, Octagam, Panzyga	Privigen, or Hizentra	For All Medicare Requests: 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with immune globulin therapy within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Privigen or Hizentra? 3. Please explain if there are any medical reason(s) that the patient cannot use Privigen or Hizentra.
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/68425-4_ESA_Agents_FINAL_12-8-19.pdf	Procrit, Epogen, Aranesp	Retacrit	For All Medicare Requests: 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Aranesp (darbepoetin alfa), Epogen (epoetin alfa), or Procrit (epoetin alfa) within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Retacrit (epoetin alfa-epbx)? 3. Please explain if there are any medical reason(s) that the patient cannot use Retacrit (epoetin alfa-epbx).
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/68776-4_Botulinum_Toxins_FINAL_12-8-19.pdf	Botox, Myobloc, Xeomin	Dysport	For All Medicare Requests: 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Botox (onabotulinumtoxinA), Myobloc (rimabotulinumtoxinB), or Xeomin (incobotulinumtoxinA) within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Dysport (AbobotulinumtoxinA)? 3. Please explain if there are any medical reason(s) that the patient cannot use Dysport (AbobotulinumtoxinA).
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69250-4_Remodulin_FINAL_12-8-19.pdf	Remodulin	Generic Remodulin	For All Medicare Requests: 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Remodulin (treprostinil injection) within the last 365 days? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to generic treprostinil injection? 3. Please explain if there are any medical reason(s) that the patient cannot use generic treprostinil injection.
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69491-4_Abraxane_FINAL_12-8-19.pdf	Abraxane	Docetaxel, or paclitaxel	For All Medicare Requests: 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Abraxane (paclitaxel protein-bound) within the last 365 days?

			<p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to docetaxel or generic paclitaxel?</p> <p>3. Please explain if there are any medical reason(s) that the patient cannot use docetaxel or generic paclitaxel.</p>
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69256-4_Lemtrada_FINAL_12-8-19.pdf	Lemtrada	Tysabri	<p><u>For All Medicare Requests:</u></p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Lemtrada (alemtuzumab) within the last 365 days?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Tysabri (natalizumab)?</p> <p>3. Please explain if there are any medical reason(s) that the patient cannot use Tysabri (natalizumab).</p>
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69492-4_Evenity_FINAL_12-8-19.pdf	Evenity	Prolia (MA), Forteo (MAPD)	<p><u>For All Medicare Requests:</u></p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Evenity (romosozumab-aqqg) within the last 365 days?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Prolia (denosumab)?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Forteo (teriparatide)?</p> <p>4. Please explain if there are any medical reason(s) that the patient cannot use Prolia (denosumab).</p> <p>5. Please explain if there are any medical reason(s) that the patient cannot use Forteo (teriparatide).</p>
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/68846-4_Actemra_FINAL_12-8-19.pdf	Actemra	Renflexis (MA), Humira (MAPD)	<p><u>For All Medicare Requests:</u></p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Actemra (tocilizumab) within the last 365 days?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Renflexis (infliximab-abda)?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Humira (adalimumab)?</p> <p>4. Please explain if there are any medical reason(s) that the patient cannot use Renflexis (infliximab-abda).</p> <p>5. Please explain if there are any medical reason(s) that the patient cannot use Humira (adalimumab).</p>
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69012-4_Entvyio_FINAL_12-8-19.pdf	Entvyio	Renflexis (MA), Humira (MAPD)	<p><u>For All Medicare Requests:</u></p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Entvyio (vedolizumab) within the last 365 days?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Renflexis (infliximab-abda)?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Humira (adalimumab)?</p> <p>4. Please explain if there are any medical reason(s) that the patient cannot use Renflexis (infliximab-abda).</p> <p>5. Please explain if there are any medical reason(s) that the patient cannot use Humira (adalimumab).</p>
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69493-4_Ilumya_FINAL_12-8-19.pdf	Ilumya	Renflexis (MA), Humira (MAPD)	<p><u>For All Medicare Requests:</u></p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Ilumya (tildrakizumab-asmn) within the last 365 days?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Renflexis (infliximab-abda)?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Humira (adalimumab)?</p> <p>4. Please explain if there are any medical reason(s) that the patient cannot use Renflexis (infliximab-abda).</p> <p>5. Please explain if there are any medical reason(s) that the patient cannot use Humira (adalimumab).</p>
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69299-4_Inflectra_FINAL_12-8-19.pdf	Inflectra	Renflexis (MA), Humira (MAPD)	<p><u>For All Medicare Requests:</u></p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Inflectra (infliximab-dyyb) within the last 365 days?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Renflexis (infliximab-abda)?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Humira (adalimumab)?</p> <p>4. Please explain if there are any medical reason(s) that the patient cannot use Renflexis (infliximab-abda).</p>

https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/68852-4_Orencia_FINAL_12-8-19.pdf	Orencia	Renflexis (MA), Humira (MAPD)	<p>5. Please explain if there are any medical reason(s) that the patient cannot use Humira (adalimumab).</p> <p><u>For All Medicare Requests:</u></p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Orencia (abatacept) within the last 365 days?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Renflexis (infliximab-abda)?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Humira (adalimumab)?</p> <p>4. Please explain if there are any medical reason(s) that the patient cannot use Renflexis (infliximab-abda).</p> <p>5. Please explain if there are any medical reason(s) that the patient cannot use Humira (adalimumab).</p>
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/68855-4_Remicade_FINAL_12-8-19.pdf	Remicade	Renflexis (MA), Humira (MAPD)	<p><u>For All Medicare Requests:</u></p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Remicade (infliximab) within the last 365 days?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Renflexis (infliximab-abda)?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Humira (adalimumab)?</p> <p>4. Please explain if there are any medical reason(s) that the patient cannot use Renflexis (infliximab-abda).</p> <p>5. Please explain if there are any medical reason(s) that the patient cannot use Humira (adalimumab).</p>
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69354-4_Renflexis_FINAL_12-8-19.pdf	Renflexis	Humira (MAPD)	<p><u>For Medicare MAPD Requests:</u></p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Renflexis (infliximab-abda) within the last 365 days?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Humira (adalimumab)?</p> <p>3. Please explain if there are any medical reason(s) that the patient cannot use Humira (adalimumab).</p>
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/68535-4_Rituxan_FINAL_12-8-19.pdf	Rituxan	Renflexis (MA), Humira (MAPD)	<p><u>For All Medicare Requests:</u></p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Rituxan (rituximab) within the last 365 days?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Renflexis (infliximab-abda)?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Humira (adalimumab)?</p> <p>4. Please explain if there are any medical reason(s) that the patient cannot use Renflexis (infliximab-abda).</p> <p>5. Please explain if there are any medical reason(s) that the patient cannot use Humira (adalimumab).</p>
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/68854-4_Stelara_FINAL_12-8-19.pdf	Stelara	Renflexis (MA), Humira (MAPD)	<p><u>For All Medicare Requests:</u></p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Stelara (ustekinumab) within the last 365 days?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Renflexis (infliximab-abda)?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Humira (adalimumab)?</p> <p>4. Please explain if there are any medical reason(s) that the patient cannot use Renflexis (infliximab-abda).</p> <p>5. Please explain if there are any medical reason(s) that the patient cannot use Humira (adalimumab).</p>
https://www.aetnabetterhealth.com/virginia-hmosnp/assets/pdf/providers/hmo-snp/FaxForms/69264-4_Tysabri_FINAL_12-8-19.pdf	Tysabri	Renflexis (MA), Humira (MAPD)	<p><u>For All Medicare Requests:</u></p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had prior therapy with Tysabri (natalizumab) within the last 365 days?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Renflexis (infliximab-abda)?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient had a trial, intolerance, or contraindication to Humira (adalimumab)?</p> <p>4. Please explain if there are any medical reason(s) that the patient cannot use Renflexis (infliximab-abda).</p> <p>5. Please explain if there are any medical reason(s) that the patient cannot use Humira (adalimumab).</p>

Full Part B Step Therapy Grid

	Category	Non-Preferred	Preferred
B/B	Ophthalmic Disorders	Eylea, Lucentis	Avastin, or biosimilar
	Viscosupplements	Durolane, Euflexxa, Gelsyn-3, GenVisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz, Synvisc, Synvisc One, TriVisc	Visco-3, or Gel-One
	Bone Resorption Inhibitors	Xgeva	Pamidronate, or zoledronic acid
	Immunologics (MA Only)	Actemra, Entyvio, Ilumya, Inflectra, Orencia, Remicade, Rituxan, Stelara, Tysabri	Renflexis
	Oncology	Herceptin, Hylecta	Herceptin Biosimilar
	CSF- Leukocyte Growth Factors	Neulasta, Neulasta Onpro, Fulphila	Udenyca
		Neupogen, Nivestym, Granix	Zarxio
	IVIG/SQIG	Bivigam, Carimune NF, Cuvitru, Flebogamma, Gammagard, Gammaked, Gammaplex, Gamunex-C, Hyqvia, Octagam, Panzyga	Privigen, or Hizentra
	Erythropoiesis Stimulating Agents	Procrit, Epogen, Aranesp	Retacrit
	Botulinum Toxins	Botox, Myobloc, Xeomin	Dysport
	PAH	Remodulin	Generic Remodulin
	Neoplasms	Abraxane	Docetaxel, or paclitaxel
	Multiple Sclerosis	Lemtrada	Tysabri

	Bone Resorption Inhibitors (MA Only)	Evenity	Prolia
B/D	Immunologics (MAPD Only)	Actemra, Entyvio, Ilumya, Inflectra, Orenicia, Remicade, Renflexis, Rituxan, Stelara, Tysabri	Humira
	Bone Resorption Inhibitors (MAPD Only)	Evenity	Forteo