

## Aetna Better Health® of Florida (MEDICAID)

## **MULTI-SOURCE BRAND DRUG**

Note: Form must be completed in full. An incomplete form may be returned.

Request for Multi-Source Brand Drug Due to Adverse Effects or Ineffectiveness of Generic Note to Prescribing Physician: THIS FORM MUST BE SUBMITTED ALONG WITH A MISCELLANEOUS PRIOR AUTHORIZATION FORM AND COPY OF THE PRESCRIPTION IF A REQUEST IS BEING MADE TO DISPENSE A BRAND PRODUCT DUE TO ADVERSE EFFECTS OR INEFFECTIVENESS OF A GENERIC.

It is very important that physician's prescribe generic drugs whenever possible. Most FDA-approved generics are bioequivalent and therapeutically equivalent to the brand name drug. This request form is **ONLY** to be used if your patient has experienced an adverse medical reaction to the generic drug or if you can document that your patient has had better medical results when taking the multi-source brand drug, as opposed to its generic substitute.

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	GENERIC PRODUCT														REQUESTED BRAND PRODUCT														
	(Give labeled strength & mfr/labeler, if known)														(Give labeled strength & mfr/labeler, if known)														
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Therapy Dates (if unknown, give duration) from/to (or best														_ , ,															
estimate):																													
Diagnosis for Use (Indication):																													
	ADVERSE EVENT															BENEFITS OF BRAND PRODUCT													
Describe event or problem with generic:													De	scrib	e ho														
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Fax completed prior authorization request form to Aetna Better Health of Florida at 855-799-2554 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

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