





# Pharmacy Prior Authorization Request Form

Aetna Better Health®

**6. Is there any additional information the prescribing provider feels is important to this review? Please specify below or submit medical records.**

For example, explain the negative impact on medical condition, safety issue, reason formulary agent is not suitable to a specific medical condition, expected adverse clinical outcome from use of formulary agent, or reason different dosage form or dose is needed.

7.  Yes  No Is request for a patient that is on an insulin pump? Make and Model: \_\_\_\_\_  
Note: One Touch products are formulary.

**Signature affirms that information given on this form is true and accurate and reflects office notes**

Prescribing Provider's Signature:

Date:

**Please note:**

Some medications may require completion of a drug-specific request form. Please refer to plan website at [www.aetnabetterhealth.com/virginia/providers/pharmacy](http://www.aetnabetterhealth.com/virginia/providers/pharmacy) for drug-specific criteria forms.

**Incomplete forms or forms without the chart notes will be returned.**

Office notes, labs, and medical testing relevant to the request that show medical justification are required.

Standard turnaround time is 24 hours. You can call 1-800-279-1878 to check the status of a request.