

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID

DPP-4 Inhibitors (IL88)

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 Illinois Medicaid at 1-855-684-5250. Please contact Aetna Better Health Illinois Medicaid at 1-866-212-2851 with questions regarding the Prior Authorization process.

When conditions are met, we will authorize the coverage of DPP-4 Inhibitors (IL88).

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

Drug Name (specify drug)

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. Did the patient have a previous inadequate response or adverse effect to metformin? Y N

[If yes, then skip to question 3.]

2. Does the patient have any of the following contraindications to metformin? Y N

Renal dysfunction (serum creatinine greater than 1.4 mg per dL for females or greater than 1.5 mg per dL for males) \ Metabolic acidosis \ Diabetic ketoacidosis

[If no, then no further questions]

3. Is the patient 18 years of age or older? Y N

[If no, then no further questions.]

4. Is this request for Januvia, Janumet, or Janumet XR? Y N

[If yes, then no further questions.]

5. Has the patient had a trial and failure of Januvia, Janumet, or Janumet XR? 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