Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID

HIV Unboosted (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 HIV Unboosted (IL88).
Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name

Please specify: _____

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. Is the request for Aptivus (tipranavir)?   Y   N

   [If yes, then skip to question 8.]

2. Is the request for Vitekta (elvitegravir)?   Y   N

   [If yes, then skip to question 6.]

3. Is the request for Intelence (etravirine)?   Y   N

   [If no, then skip to question 9.]

4. Is the patient currently taking any of the following:?   Y   N

       -Combivir (lamivudine-zidovudine)
       -Emtriva (emtricitabine)
       -Epivir (lamivudine)
       -Epzicom (lamivudine-abacavir)
       -Fuzeon (enfuvirtide)
       -Isentress (raltegravir)
       -Kaletra (lopinavir-ritonavir)
       -Retrovir (zidovudine)
       -Selzentry (maraviroc)
       -Tivicay (dolutegravir)
       -Trizivir (abacavir-lamivudine-zidovudine)
       -Truvada (emtricitabine-tenofovir)
       -Videx (didanosine)
       -Viread (tenofovir)
       -Zerit (stavudine)
       -Ziagen (abacavir)

[If yes, then no further questions.]

5. Is the patient currently taking Crixivan (indinavir),   Y   N
Invirase (saquinavir), Prezista (darunavir), or Viracept
(nelfinavir)?

[If no, then no further questions.]

[If yes, then skip to question 8.]

6. Is the patient currently taking Aptivus (tipranavir),   Y   N
Lexiva (fosamprenavir), Prezista (darunavir) or
Reyataz (atazanavir)?

[If yes, then skip to question 8.]

7. Is the patient currently taking Kaletra   Y   N
(lopinavir/ritonavir)?

[No further questions.]

8. Is the patient currently taking Norvir (ritonavir)?   Y   N

[No further questions.]

9. Is the patient currently taking Norvir (ritonavir) or Tybost (cobicistat)?   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**