

Pharmacy Prior Authorization

AETNA BETTER HEALTH ILLINOIS (MEDICAID)

Lidocaine Patch 5% (Medicaid)

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 at 1-855-684-5250.

When conditions are met, we will authorize the coverage of Lidocaine Patch 5% (Medicaid).

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

Drug Name (please circle)

lidocaine patch 5%

Other, 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. Has Aetna Better Health authorized this medication in the past for this patient (i.e., previous authorization is on file with this plan)? Y N

[If no, then skip to question 3.]

- 2. Has the patient had a response to treatment? Y N

[No further questions.]

- 3. Does the patient have post-herpetic neuralgia (PHN)? Y N

[If yes, then no further questions.]

4. Does the patient have diabetic peripheral neuropathy (DPN)? Y N

[If no, then no further questions.]

5. Has the patient had a documented trial and failure or intolerance to 2 formulary alternatives (e.g., duloxetine, tricyclic antidepressants, gabapentin)? Y N

Please list medications tried:

[If no, then no further questions.]

6. Is the patient 17 years of age or older? 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