

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS FAMILY HEALTH PLAN (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 1-844-242-0908. 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), Invirase (saquinavir), Prezista (darunavir), or Viracept (nelfinavir)? Y N

[If no, then no further questions.]

[If yes, then skip to question 8.]

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

[If yes, then skip to question 8.]

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

[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