

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS FAMILY HEALTH PLAN (MEDICAID)

Atypical Antipsychotics Long-Acting Inj (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 Atypical Antipsychotics Long-Acting Inj (IL88). Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name (select from list of drugs shown)

Abilify Maintena (aripiprazole ext rel susp)

Invega Sustenna (paliperidone palmitate)

Risperdal Consta (risperidone microspheres)

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: _____

Physician Phone: _____

Physician Fax: _____

Physician Address: _____

City, State, Zip: _____

Diagnosis: _____ ICD Code: _____

Please circle the appropriate answer for each question.

1. Does the patient reside in LTC (long term care) facility? Y N

[If no, then skip to question 4.]

2. Is this request for Risperdal Consta? Y N

[If no, then no further questions.]

3. Is the patient using more than 1 vial kit per 14 days? Y N

[No further questions]

4. Has the patient had a trial and failure/intolerance of 2 different formulary antipsychotics (e.g., haloperidol, risperidone, or others)? Y N

[If yes, then no further questions.]

5. Is this request for Abilify Maintena? Y N

[If yes, then no further questions.]

6. Is the prescriber a network psychiatrist? 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