

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS FAMILY HEALTH PLAN (MEDICAID)

Xarelto (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 Xarelto (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)

Xarelto (rivaroxaban)

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. Is the patient an adult over 18 years of age? Y N

2. Is Xarelto being prescribed for deep vein thrombosis (DVT) prophylaxis for a patient undergoing knee replacement surgery? Please provide surgery date Y N

[If yes, then no further questions.]

3. Is Xarelto being prescribed for deep vein thrombosis (DVT) prophylaxis for a patient undergoing hip replacement surgery? Please provide surgery date Y N

[If yes, then no further questions.]

