

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID

GLP-1 Agonist (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 GLP-1 Agonist (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)

Bydureon (exenatide extended release) Byetta (exenatide) Tanzeum (albiglutide)
Trulicity (dulaglutide) Victoza (liraglutide) 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. Is the patient 18 years of age or older? Y N
[If no, then no further questions.]
2. Does the patient have a diagnosis of Type 2 Diabetes? Y N
[If no, then no further questions.]
3. Is this request for a preferred agent (Byetta is preferred)? Y N
[If yes, then skip to question 5.]

