

08/13/2014

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID

Methadone (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 Methadone (IL88).

Drug Name (select from list of drugs shown)

Methadone

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: _____

Comments: _____

Please circle the appropriate answer for each question.

1. Is methadone being used for opioid dependence or withdrawal? Y N

[If yes, then skip to question 3.]

2. Is methadone being used for pain? Y N

[If yes, then no further questions.]

3. Is prescriber affiliated with an approved opioid treatment service (OTS)?

Y N

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date