

Pharmacy Prior Authorization

AETNA BETTER HEALTH NEW JERSEY (MEDICAID)

HIV Inappropriate-Interaction (Medicaid)

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 New Jersey at 1-855-296-0323.

When conditions are met, we will authorize the coverage of HIV Inappropriate-Interaction (Medicaid).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name

Specify drug _____

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:** _____

Circle the appropriate answer for each question.

- 1. According to pharmacy claims records, the requested medication interacts with or is inappropriate with existing antiretroviral drug(s) the patient may be taking. Y N
Will the prescriber evaluate the patient's regimen and discontinue interacting or inappropriate drug combination(s)?

Comments:

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

Prescriber (Or Authorized) Signature

Date