

Pharmacy Prior Authorization

AETNA BETTER HEALTH NEW JERSEY (MEDICAID)

Spiriva Respimat (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 Spiriva Respimat (Medicaid).

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

**Drug Name (circle drug)**

Spiriva Respimat (tiotropium)

Other, specify drug \_\_\_\_\_

Quantity \_\_\_\_\_ Frequency \_\_\_\_\_ Strength \_\_\_\_\_

Route of administration \_\_\_\_\_ Expected length of therapy \_\_\_\_\_

**Member information**

Member name: \_\_\_\_\_

Member ID: \_\_\_\_\_

Member Group No.: \_\_\_\_\_

Member DOB: \_\_\_\_\_

Member 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. Is Spiriva Respimat prescribed for asthma? Y    N  
[If no, then no further questions.]
  
2. Is the member currently using an inhaled corticosteroid (ICS) and will continue an inhaled corticosteroid (ICS) when Spiriva is initiated? Y    N  
[If no, then no further questions.]
  
3. Has the member had a trial and failure to at least two formulary agents: A) Inhaled corticosteroid, B) Inhaled corticosteroid with a long-acting beta-2 agonist, C) montelukast or zafirlukast? Y    N

[If no, then no further questions.]

4. Is the member 6 years of age or older?

Y      N

**Comments:**

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

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**Prescriber (Or Authorized) Signature** **Date**