03/16/2016

Prior Authorization

AETNA BETTER HEALTH OF NEW JERSEY (MEDICAID)

Topical Hyaluronic Acid Derivatives (NJ88)

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 of New Jersey at **1-855-296-0323**.
Please contact Aetna Better Health of New Jersey at **1-855-232-3596** with questions regarding the Prior Authorization process.
When conditions are met, we will authorize the coverage of Topical Hyaluronic Acid Derivatives (NJ88).
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)

Bionect (hyaluronate sodium cream)
Hygel (hyaluronate sodium gel)
Hylira (hyaluronate sodium gel)
Xclair (hyaluronic acid)

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. Has this plan authorized this medication in the past for this patient (i.e., previous authorization is on file under this plan)? Y N

   [If no, then skip to question 3.]

2. Is the patient responding to medication? Y N

   [No further questions]

3. Is the patient 18 years of age or older? Y N

   [If no, then no further questions.]

4. Is the prescriber a dermatologist? Y N

   [If no, then no further questions.]

5. Does the patient require treatment of burns, dermal ulcers, wounds, or radiation dermatitis? Y N

   [If yes, then no further questions.]

6. Does the patient have a diagnosis of xerosis? Y N

   [If no, then no further questions.]

7. Has the patient had a trial and failure of ammonium lactate or a topical corticosteroid? Y N

Comments:

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

Prescriber (Or Authorized) Signature Date