

Pharmacy Prior Authorization

AETNA BETTER HEALTH NEW JERSEY (MEDICAID)

Toujeo – Toujeo Max (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 Toujeo – Toujeo Max (Medicaid).

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

Drug Name (circle drug)

Toujeo Solostar (insulin glargine)

Toujeo Max Solostar (insulin glargine)

Other, 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. Does the member have a diagnosis of Type I or Type II Diabetes Mellitus? Y N
- 2. Is there documentation to support an inadequate response (after a 3 month trial), intolerable side effects, or contraindication to formulary basal insulin pens? Y N

[Note: For hypoglycemia: consistent evidence of hypoglycemia such as a Self-Monitoring Blood Glucose reading must be provided.]

Please list agents tried: _____

[If yes, then no further questions.]

3. Is there documentation to support that the member requires more than 100 units/day of basal insulin? 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**