

Pharmacy Prior Authorization

AETNA BETTER HEALTH NEW JERSEY (MEDICAID)

Insulin Pens (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 Insulin Pens (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. Does the member have a diagnosis of Type I or Type II Diabetes Mellitus? Y N
[If no, then no further questions.]
2. Is there documentation to support that the member meets one of the following: A) a school-aged child requiring multiple daily injections, B) visual impairment, C) physical disability or dexterity problems and unable to draw up syringe, D) environmental factors which prevent use of vial formulation? Y N
[If no, then no further questions.]
3. Is this request for formulary insulin pens? Y N
[If yes, then no further questions.]

4. Is there documentation to support an inadequate response, intolerable side effects, or contraindication to 2 formulary insulins within the same class (for example, rapid, regular, or basal)?

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**