

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID
Atypical Antipsychotics Long-Acting Inj (IL88)

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 Illinois Medicaid at 1-855-684-5250.

Please contact Aetna Better Health Illinois Medicaid at 1-866-212-2851 with questions regarding the prior authorization process.

When conditions are met, we will authorize the coverage of Atypical Antipsychotics Long-Acting Inj (IL88). 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)

Table with 3 columns: Abilify Maintena (aripiprazole ext rel susp), Invega Sustenna (paliperidone palmitate), Risperdal Consta (risperidone microspheres). Rows include Quantity, Route of Administration, Frequency, Expected Length of therapy, and Strength.

Patient Information

Patient Name:
Patient ID:
Patient Group No.:
Patient DOB:
Patient Phone:

Prescribing Physician

Physician Name:
Physician Phone:
Physician Fax:
Physician Address:
City, State, Zip:

Diagnosis: ICD Code:

Please circle the appropriate answer for each question.

- 1. Does the patient reside in LTC (long term care) facility? Y N
[If no, then skip to question 4.]
2. Is this request for Risperdal Consta? Y N
[If no, then no further questions.]
3. Is the patient using more than 1 vial kit per 14 days? Y N
[No further questions.]

4. Has the patient had a trial and failure/intolerance of 2 different formulary antipsychotics (e.g., haloperidol, risperidone, or others)? Y N

[If yes, then no further questions.]

5. Is this request for Abilify Maintena? Y N

[If yes, then no further questions.]

6. Is the prescriber a network psychiatrist? 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