

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID
Daliresp (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 Daliresp (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)

Daliresp (roflumilast)

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

Diagnosis: _____ ICD Code: _____

Please circle the appropriate answer for each question.

1. Is the patient 40 years of age or older? Y N
[If no, then no further questions.]
2. Is Daliresp being prescribed by or in consultation with a pulmonologist? Y N
[If no, then no further questions.]
3. Does the patient have a diagnosis of severe COPD with chronic bronchitis with FEV1 less than 50 percent predicted based on post-bronchodilator FEV1? Y N

[If no, then no further questions.]

4. Does the patient have documented symptomatic exacerbations within the last year? Y N

[If no, then no further questions.]

5. Has the patient had failure of a three consecutive month compliant regimen of two long-acting bronchodilators, including salmeterol (e.g., Serevent, Advair) and tiotropium (Spiriva)? Y N

[If no, then no further questions.]

6. Will Daliresp be used in conjunction with a long-acting bronchodilator? 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