

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS

Emend (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 at 1-855-684-5250.

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

When conditions are met, we will authorize the coverage of Emend (IL88).

Drug Name (select from list of drugs shown)

Aprepitant Emend (aprepitant)

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 prescriber an oncologist? Y N

[If the answer to this question is yes, then no further questions required.]

2. Is this a request that has been previously approved? Y N

[If the answer to this question is no, then skip to question 4.]

3. Is the patient responding to therapy? Y N

[No further questions required.]

4. Is this request for prevention of postoperative nausea and vomiting? Y N

[If the answer to this question is no, then no further questions

