

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS

Injectable Anticoagulant Agents (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 Injectable Anticoagulant Agents (IL88).

Drug Name (select from list of drugs shown)

Arixtra (fondaparinux)

Fragmin (dalteparin)

Iprivask (desirudin)

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 there a medically necessary reason for using the requested injectable anticoagulant agent over formulary agents (e.g. unfractionated heparin, warfarin or enoxaparin)? Y N
Please document reason here: _____

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

- 2. Does the patient have any contraindications to the requested injectable anticoagulant agent? Y N

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

- 3. Is dalteparin (Fragmin) the requested drug? 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