

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID

Lidocaine Patch (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 Lidocaine Patch (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)

lidocaine patch 5%

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 greater than or equal to 65 years of age? Y N

[If yes, then no further questions.]

2. Does the patient have the diagnosis of neuropathic pain associated with post-herpetic neuralgia (PHN)? Y N

[If yes, then no further questions.]

3. Does the patient have neuropathic pain associated with diabetic peripheral neuropathy (DPN)? Y N

[If no, then skip to question 5.]

