

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS  
Ophthalmic Prostaglandin Analogs (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 Ophthalmic Prostaglandin Analogs (IL88).

Drug Name (select from list of drugs shown)

Lumigan (bimatoprost)

Travatan Z (travoprost)

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. Has the patient failed a trial of latanoprost? Y N

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

2. Does the patient have hypersensitivity to latanoprost or to any other ingredients of the formulation i.e. benzalkonium chloride? 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