

Medical Exception/Prior Authorization/Precertification* Request for Prescription Medications

Non-Specialty drug Prior Authorization Requests Fax: 1-877-269-9916

Specialty drug Prior Authorization Requests Fax: 1-888-267-3277

OR, Submit your request online at: www.availity.com

Visit <u>www.aetna.com/formulary</u> to access our Pharmacy Clinical Policy Bulletins.

For FASTEST service, call <u>1-855-240-0535</u>, Monday-Friday, 8 a.m. to 6 p.m. Central Time

Patient Information Prescriber Information						
Patient Name			Today's Date			
Patient Insurance ID Number			Physician Name			
Pat	ient Address, City, State, ZIP		Physician Address			
Ho	me Telephone		M.D. Office Telephone Number			
	nder Male	Patient Date of Birth	M.D. Office Fax Number	er	_	
		Diagnosis and Med	dical Information			
Ме	dication	J	Strength		Frequency	
Exp	pected Length of Therapy	Quantity	Day Supply		ntinuation of therapy, how long has een on the medication?	
	his medication being used to treat scription medication may be nece	t a chronic or long-term condition for a chronic or long-term condition for sary for the life of the patient?	or which this	☐ Yes ☐] No	
Do	PLEASE CHECK ALL BOXES THAT APPLY: Do you want a drug specific prior authorization criteria form faxed to your office? Yes No (If yes, no further questions are required). What condition is the drug being prescribed for? ICD code Diagnosis					
	, -	rgy) for each drug:			·	
	Is the request for a patient with one or more chronic conditions (e.g., psychiatric condition, diabetes) who is stable on the current drug(s) and who might be at high risk for a significant adverse event with a medication change? If so, specify anticipated significant adverse event:					
	Has the condition been confirmed by diagnostic testing? If so, please provide diagnostic test and date:					
Please provide any pertinent lab testing values for the members diagnosis :						
	Does the patient have a clinical condition for which other alternatives are not recommended based on published guidelines or clinical literature? If so, please provide documentation:					
	Does the patient require a specific dosage form (e.g., suspension, solution, injection)? If so, please provide dosage form:					
	Are additional risk factors (e.g., GI risk, cardiovascular risk, age) present? If so, please provide risk factors:					
	Other: Please provide additional relevant information:					
REQUIRED CLINICAL INFORMATION: PLEASE PROVIDE ALL RELEVANT CLINICAL DOCUMENTATION TO SUPPORT USE OF THIS MEDICATION. PLEASE COMPLETE CORRESPONDING SECTION ON BACK PAGE FOR THE SPECIFIC DRUG/CLASS LISTED BELOW. Antiemetic (5-HT3) Agents/Erectile Dysfunction Agents/Stimulants/ Provigil, Nuvigil/Testosterones **FOR ANY DRUG/CLASS NOT LISTED ON THE BACK PAGE, PLEASE ATTACH ADDITIONAL INFORMATION, BUT CANNOT EXCEED TWO PAGES** PRESCRIPTION BENEFIT PLAN MAY REQUEST ADDITIONAL INFORMATION OR CLARIFICATION, IF NEEDED, TO EVALUATE REQUESTS						

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	Ality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not d recipient, you are hereby notified that any disclosure, copying, distribution of these documents is strictly prohibited. If you have received attion in error, please notify the sender immediately (via return FAX) and arrange for the return or destruction of these documents. COMPLETE CORRESPONDING SECTION FOR THESE SPECIFIC DRUGS/CLASSES LISTED BELOW AND THE APPROPRIATE ANSWER OR SUPPLY RESPONSE. FILE DYSFUNCTION: CIALIS, LEVITRA, VIAGRA, ALPROSTADIL: ne patient require nitrate therapy on a regular OR on an intermittent basis, or is the patient currently taking another dication? gnosis of erectile dysfunction, is it due to neurogenic etiology, vasculogenic etiology, psychogenic etiology or setiology? ng used for symptomatic Benign Prostatic Hyperplasia (BPH)? METIC (5-HT3) AGENTS: Patient receiving moderate to highly emetogenic chemotherapy? Monthly frequency No attent receiving radiation therapy? Monthly frequency		
doo age by	cumentation supporting this information is available for review if requested by the health plan sponsor, or, if applicable, a state or fe ency. I understand that any person who knowingly makes or causes to be made a false record or statement that is material to a cla	ederal regul aim ultimate	latory ely paid
Pre	escriber Signature Date		
the	nfidentiality Notice : The documents accompanying this transmission contain confidential health information that is legally privileg intended recipient, you are hereby notified that any disclosure, copying, distribution of these documents is strictly prohibited. If you information in error, please notify the sender immediately (via return FAX) and arrange for the return or destruction of these documents.	ı have rece	re not eived
	EASE COMPLETE CORRESPONDING SECTION FOR THESE SPECIFIC DRUGS/CLASSES LISTED BELORCLE THE APPROPRIATE ANSWER OR SUPPLY RESPONSE.	OW AND	
	ERECTILE DYSFUNCTION: CIALIS, LEVITRA, VIAGRA, ALPROSTADIL: Does the patient require nitrate therapy on a regular OR on an intermittent basis, or is the patient currently taking another ED medication? If a diagnosis of erectile dysfunction, is it due to neurogenic etiology, vasculogenic etiology, psychogenic etiology or mixed etiology? Is it being used for symptomatic Benign Prostatic Hyperplasia (BPH)?	_ ☐ Yes	_ No
	ANTIEMETIC (5-HT3) AGENTS: Is the patient receiving moderate to highly emetogenic chemotherapy? Monthly frequency Is the patient receiving radiation therapy? Monthly frequency If the patient has a diagnosis of Hyperemesis Gravidarum, has the patient experienced an inadequate treatment response to two of the following medications? Vitamin B6, doxylamine, promethazine (Phenergan), trimethobenzamide (Tigan) or metoclopramide (Reglan)?	-	□ No
	TOPICAL TESTOSTERONES REPLACEMENT (lab requirements): For testosterone replacement therapy, has the member been confirmed by one of the following 1. two total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available) which were drawn in the morning between 7:00 a.m. and 10:00 a.m. on two different days, OR 2. persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available) which were drawn in the morning between 7:00 a.m. and 10:00 a.m. on two different days	☐ Yes	□ No
	PROVIGIL/NUVIGIL: If the patient has a diagnosis of Obstructive Sleep Apnea, is the patient currently using a continuous positive airway pressure (CPAP) machine or another device?	☐Yes	□No
	ADHD STIMULANTS AND NON-STIMULANTS:		

☐ Yes ☐ No

Is this a renewal of existing therapy?

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አ7ልግሎቶችን ያለክፍያ ለጣግኘት፣ በጦታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ።
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားပန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ် တွင်ရှိသော ဖုန်းနှံပတ်အား ခေါ် ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	GYƏJ SOHAƏJ TOHLOJJ C AFƏJ JCEGWJJ ĀY, ഉԻAЬWOЪ HƏJ J4ƏJ hSAQO OHT ID IHAƏJ CVPT.
Chinese Traditional	如欲使用免費語言服務,請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic- Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.
Hawaiian	No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.

Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asusu na akwughi ugwo obula, kpoo nomba no na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လဌတၢကမ့္စၢကိုုာတၢမၢစဌးအတၢဖံးတၢမၢတဖာ လဌတအိုာဒီးအပ္ဒၤလဌနကဘာဟု့ာအီးအဂ္စ္စီကိုးဘာလီတဲစိနီဉဂံၢလဌအအိုဥလဌနခိုဥဂီၤ ဗ (၍) အလိုု့ျာတက္၊၍
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بق دمسپیرِ اگمیشتن به خزمه تگوز اری زمان بهبی تیچوون بق تق، پهیوهندی بکه به ژمارهی سهر ئای دی(ID) کارتی خوت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ņan bōk jipan kōn kajin ilo an ejjeļok wōņean nān kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian- Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíjgo nanitinígíí bee néého'dólzinígíí béésh bee hane'í biká'ígíí áajį' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yïn ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ̈ në ID kard duɔ̈n de tīīt de nyin de panakim kɔ̈u.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian- Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.

Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeɓa a naasta nder ekkitol jaangirde woldeji walla yoɓugo, ewnu lamba je ɗon windi ha do ɗerowol maaɗa.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac- Assyrian	کے صبقہ تمامی جل بیلخیق دھنجی ح یق تہ جیکیکہباہ، مذبحہ کے تعیک جل قابعی ہویجینی ہویجینی ہے۔ میںجہ ک
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовнј отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	. קארטל ID צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער
Yoruba	Láti ráyèsí àwọn işệ èdè fún ọ lófèệ, pe nómbà tó wà lórí káàdì ìdánimò rẹ.