

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

OR
Submit your request online at:
https://www.availity.com
Visit www.aetna.com/formulary to access our Pharmacy Clinical Policy Bulletins.

Fax this form to: 1-877-269-9916

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

Instructions

This pre-authorization request form should be filled out by the provider. Before completing this form, please confirm the patient's benefits and eligibility. Benefits for services received are subject to eligibility and plan terms and conditions that are in place at the time services are provided.

Section 1 Submission							
Patient Name	Pat	ient Insurance ID Number	Physician name Today's		Today's Date)	
Section 2 Review							
Is this request urgent? Defined Or – In the opinion of a physicia the disputed care or treatment. If Urgent Request	n with knowledge of the membe	r's medical condition, would	d subject the	member to se	vere pain that cannot		
Date (MM/DD/YYYY):		_					
Verify with the preauthorization I	ist at www.aetna.com/formular	y , according to the compar	ny's procedure	e, or call the n	umber on the back of	the member's	card.
Is this request: New	Authorization extension	_] Providing additional inforr	mation				
If you already have an authoriza	_	•					
ii you airoady havo air addionza	don nambor, not it nore.						
Section 3 Patient Information	on						
Name					I/DD/YYYY)	Gender ☐ Male ☐ Female	
Member ID Number	Group Number	Secondary Insurer Member ID Number		Secondary Grou	ıp Number	Height	Weight
Allergies							
Section 4 Prescriber/Provide	der Information						
Check one: You are the ☐ Requesting prov	vider Servicing provider	Specialty:					
Name		Tax ID Num	Tax ID Number		Phone	Fax	
Address		City			State	ZIP Code	
NPI Number	IPI Number DEA Number (if required)		Whom should we contact if we require more information? Name: Phone:			Fax:	
Saction 5 Patient's PCD Inf	iormation (If applicable)	l l					
Section 5 Patient's PCP Information (If applicable) Name				Phone		Fax	

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Section 6 Medication/Medical & Dispensing Infor	mation				
☐ New Therapy ☐ Renewal If Renewal, Date	therapy initiated:				
Route of administration: Oral/SL Topical	Injection] IV			
Administered: Doctor's Office Dialysis Center Home Health By Patient Other:					
Medication Name	Dose/Strength	Frequency	Length of Therapy	Number of Refills	Quantity
List of Previous Drugs Tried					
Drug Name		Dosag	je		
Section 7 Justification	ht	t'l-b-\d			
Provide the medical rationale for requested drug (include cl	nart notes and su	pporting labs) and	wny a formulary alternative is not	acceptable:	
Section 8 ICD Codes					
Provide all ICD-9 or ICD-10 codes and their descriptions, if	available; this wil	ll help us process	our request.		
Diagnosis:					
Codes and descriptions are: ICD-9 ICD-10	Primary:	Secon	d: Third:		

Submit the following clinical information with this form as appropriate for this request:

- History & Physical
- Lab/radiology/testing results
- Current symptoms and functional impairments
- Treatment history

Any other information such as chart notes that support medical necessity for the request: https://www.availity.com

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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 አንልግሎቶችን ያለክፍያ ለማግኘት፣ በሙታወቂያዎት 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 করুনা			
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဂန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ် တွင်ရှိသော ဖုန်းနံပတ်အား 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	GYAJ SOHAAJ TOOLOTJI L AFAJ JCEGWJJ &Y, ഉPABWOB AAY J4AJ hSAWC OOT ID IHAAJ C7/CT.			
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.			

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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	လဌတၢကမ္းကြိုာတၢမၢစဌးအတၢဖံးတၢမၤတဖဉ လဌတအိၣဒီးအပ္ဒၤလဌနကဘာဟာ့ၣအီးအဂ်ီးကိးဘာလီတဲစိနီာဂံၢလဌအအိဉလဌနခိၣဂ်ီး ဗ (၍) အလိုျဘကာ့၍
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	بر دهسپیرِ اگهیشتن به خزمه گوزاری زمان بهبی تیچوون بو تو، 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 jipañ kōn kajin ilo an ejjeļok wōņean ñan 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 áaji' 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 tö në ID kard duön de tiït de nyin de panakim köu.
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।

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Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Heeɓa a naasta nder ekkitol jaangirde woldeji walla yoɓugo, ewnu lamba je ɗon windi ha do ɗerowol maaɗa.
Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
کے صبقہ تمامے جلا بیلخالجہ ہوبنداللہ دلیتی ہے کہ منبحہ کے ملت جلد فیا کے مہدید کے صبح اللہ کے مہد حصر کے مدینہ منبعہ کے مدینہ کے اللہ کا مدینہ کے اللہ کی الل
Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
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.
Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Щоб безкоштовнј отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
. ארטל ID צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער
Láti ráyèsí àwọn işệ èdè fún ọ lộfệẹ, pe nộmbà tó wà lórí káàdì ìdánimò rẹ.

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