

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS MEDICAID
Proton Pump Inhibitors (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 Proton Pump Inhibitors (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)

Aciphex (rabeprazole)	Dexilant (dexlansoprazole)	Nexium (esomeprazole)
Prevacid (lansoprazole)	Protonix (pantoprazole)	
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 Aetna Better Health authorized this medication in the past for this patient (i.e., previous authorization is on file under Aetna Better Health)? Y N

[If no, then skip to question 3.]

2. Is the patient responding to therapy? Y N

[No further questions.]

3. Has the patient failed or experienced intolerance to omeprazole AND pantoprazole? Please list medication Y N

tried and reason for treatment failure:

4. Is the request for a quantity greater than 30 per 30 days? Y N

If yes, please submit a rationale for twice daily dosing
(e.g., patient has gastritis, Barrett's esophagus).

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature

Date