

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS FAMILY HEALTH PLAN (MEDICAID)

Intravaginal Progesterone Products (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 1-844-242-0908. 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 Intravaginal Progesterone Products (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)

Crinone Gel (progesterone vaginal gel) First-Progesterone Suppositories Progesterone Capsules
Other, Please specify

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:
Specialty: NPI Number:
Physician Fax: Physician Phone:
Physician Address: City, State, Zip:

Diagnosis: ICD Code:

Please circle the appropriate answer for each question.

1. Is the requested drug being prescribed by a provider of obstetrical care? Y N

[If no, then no further questions]

2. Is the patient on Makena (17-hydroxyprogesterone)? Y N

3. Is the patient pregnant AND has one of the following:
Please provide expected due date:

Y N

Patient has a short cervix \ Patients is at high risk for
pregnancy loss based on other risk factors

Comments:

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

Prescriber (Or Authorized) Signature

Date