

Prior Authorization

AETNA BETTER HEALTH OF ILLINOIS FAMILY HEALTH PLAN (MEDICAID)  
GLP-1 Agonist (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 GLP-1 Agonist (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)

Bydureon (exenatide extended release)	Bydureon Pen (exenatide extended-release)	
Byetta (exenatide)	Victoza (liraglutide)	
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. Is the patient 18 years of age or older? Y    N
2. Has the patient had a trial and failure or contraindication to metformin? Y    N
3. Is this request for Byetta? Y    N  
 [If yes, then no further questions.]
4. Does the patient have a recent A1c within the previous 3 months? If yes, please document A1c and date drawn: Y    N

