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Aetna Medical Exception / Precertification* Request Form
For Prescription Medications

Fax to: 1-800-408-2386, call: 1-800-414-2386, or email: /
Visit to access the Pharmacy Coverage Policy Bulletins.
In order for us to process your request, ALL applicable fields MUST be filled in.

Patient Name Today's Date _____

Patient Insurance ID # Patient Date of Birth _____

Physician Name (print) Telephone () _____

Physician Signature (REQUIRED) Fax () _____

Please circle **Antihistamine** requested: ALLERGIA^{NS} ALLERGIA-D^{NS} CLARINEX^{NS} SIMPRIX-D^{NS} ZYRTEC^{NS} ZYRTEC-D^{NS}

Diagnosis (circle all that apply) Allergic Rhinitis Chronic Idiopathic Urticaria Other _____

Previous therapy, including OTCs: _____ Dates (if available) _____

Response to previous therapy (circle all that apply) Inadequate response Adverse effect(s) Comments _____

Please circle **Proton Pump Inhibitor** requested: ACIPHEX^{NS} NEXIUM^{NS} PREVACID^{NS} PIRELIX^{NS} PROTONIX^{NS} omeprazole (generic)^{NS}

Dosage requested _____ mg QD BID TID Other _____

Diagnosis (circle all that apply) GERD Nocturnal acid breakthrough Barrett's esophagus Hypersecretory condition

H. pylori eradication Other _____

Previous therapy, with dates: _____

Response to previous therapy (circle all that apply) Inadequate response Adverse effect(s) Comments _____

Please circle **COX-II Selective Inhibitor** requested: BEXTRA^{NS} CELEBREX^{NS} Dosage requested _____ mg QD BID

Diagnosis (circle all that apply) Osteoarthritis Rheumatoid Arthritis Acute Pain Primary Dysmenorrhea

Familial Adenomatous Polyposis (FAP) Other _____

Previous therapy, with dates: _____

Response to previous therapy (circle all that apply) Inadequate response Adverse effect(s) Comments _____

Patient history of Peptic ulcer or NSAID-related ulcer/GI bleed? Yes No

Patient using anticoagulants, antiplatelets, or corticosteroids? Yes No

Please circle **Antifungal** requested: DIFLUCAN^{NS} fluconazole (generic)^{NS} LAMISIL^{NS} P ENLAC^{NS} S FORANOL^{NS}

Diagnosis (circle all that apply) Onychomycosis Tinea capitis, pedis, corporis Vulvovaginal Candidiasis

Oral Candida (thrush) Candida (esophageal, intestinal, UTI, other) Other _____

Previous therapy, with dates: _____

Response to previous therapy (circle all that apply) Inadequate response Adverse effect(s) Comments _____

FOR ONYCHOMYCOSIS: KOH, PAS, fungal culture results: _____ Test Date: _____ Location: Fingernail(s) Toenail(s)

Other existing conditions (circle all that apply) Pain Limiting Activity Diabetes Mellitus Systemic dermatosis

Immunosuppression (AIDS, cancer, etc.) Peripheral vascular disease Other _____

If prior onychomycosis therapy, please note: Drug: _____ Start Date: _____ Duration: _____

Response to previous therapy (circle all that apply) Inadequate response Adverse effect(s) Comments _____

Please circle **Antilipidemic** requested: ALTOCOR^{NS} CADUET^{NS} CRESTOR^{NS} LIPITOR^{NS} lovastatin (generic)^{NS}

Formulary drugs = Lescol, Lescol XL, Zocor MEVACOR^{NS} PRIVACHOL^{NS} PRAVIGARD^{NS} VYTORIN^{NS} ZETIA^{NS}

Dosage requested _____ mg Current LDL: _____ Target LDL: _____

Current drug therapy with dose _____ or NONE (circle if applicable)

Previous therapies received (please include duration and note if inadequate therapeutic response, adverse effects, or contraindicated in patient): _____

For ALL other precertification/medical exception requests

Drug requested: _____ Duration of therapy: _____ Diagnosis: _____

Previous therapies received (please include duration and note if inadequate therapeutic response, adverse effects, or contraindicated in patient): _____

For **Accutane/isotretinoin** If female, pregnancy test results: _____ Test Date: _____

*The term precertification means the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of cost or services to fully insured HMO and PPO members. **F=Formulary Drug; NF=Non-Formulary Drug**

Plan	Formulary	Non-Formulary
Medicare	Yes	No
Medicaid	Yes	No
Private	Yes	No
Supplement	Yes	No
Other	Yes	No

Aetna CIGNA HealthCare Prior Authorization Form
- Synvisc, Hyalgan, Supartz, Orthovisc -

Provider Information: Name, Address, Phone, Fax, NPI

Patient Information: Patient Name, Date of Birth, Gender, Race, Ethnicity, Insurance ID

Medication requested: Synvisc, Hyalgan, Supartz, Orthovisc

Where will this medication be obtained? (Inpatient, Outpatient, Home)

Diagnosis related to use (please specify): _____

Additional patient information: _____

Independence Blue Cross Prior Authorization Form
Oral Chemotherapy Agents

1. DIAGNOSIS FOR DRUG REQUEST (check all that apply):

- Metastatic Breast Cancer (MBC)
- Advanced Breast Cancer (ABC)
- Metastatic Colorectal Cancer (MCC)
- Advanced Colorectal Cancer (ACC)
- Metastatic Lung Cancer (MLC)
- Advanced Lung Cancer (ALC)
- Metastatic Gastrointestinal Cancer (MGC)
- Advanced Gastrointestinal Cancer (AGC)
- Metastatic Hematologic Cancer (MHC)
- Advanced Hematologic Cancer (AHC)
- Metastatic Solid Tumor Cancer (MSTC)
- Advanced Solid Tumor Cancer (ASTC)

2. PROVIDER SPECIALTY (check all that apply):

- Oncology
- Medical Oncology
- Chemical Pathology
- Immunology
- Endocrine Disease
- Other

3. INDICATIONS FOR DRUG REQUEST (check all that apply):

- First-line treatment
- Second-line treatment
- Third-line treatment
- Fourth-line treatment
- Other

4. INDICATIONS FOR DRUG REQUEST (check all that apply):

- First-line treatment
- Second-line treatment
- Third-line treatment
- Fourth-line treatment
- Other

What is the payer id for aetna medicare. Aetna medicare provider prior authorization form. Aetna medicare auth requirements. Does aetna medicare allow retro authorization. Does aetna medicare require prior authorization.

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1 (877) 486-2048) 24 hours a day/7 days a week to get information on all of your options. Aetna Medicare Supplement Insurance Review Although it's the standard insurance for seniors, Medicare has limitations. Aetna Medicare Supplement insurance pays deductibles and other costs not covered by Medicare. Aetna currently carries five Medicare Supplement plans, also called Medigap insurance, to cover hospital costs, skilled nursing care and other medical expenses. Three of the plans extend coverage outside the U.S. In addition to Medigap insurance, Aetna provides Medicaid, medical, pharmacy, behavioral health, dental insurance policies and employee benefit packages. In November 2018, leading healthcare company CVS Health acquired Aetna. The insurance company will continue to operate on its own while working with CVS to take a community approach to better health care with lower costs. Aetna and CVS plan to build healthier communities with preventative services across the country that are local, easy to access, less expensive and available to anyone regardless of the insurance company they use. Pros Medicare supplement plans can never be canceled, regardless of your medical conditions Five plans give you a range of options and prices without an overwhelming number of choices See any medical care provider who accepts Medicare Cons If you want to cancel your policy, you must write a letter to Aetna No online enrollment available Aetna Medicare Supplement Plans Aetna currently provides five different supplemental Medicare plans, outlined in the chart below. While other Medigap insurance providers offer more plans (there are now 11), choosing among them can be confusing. State regulations determine whether you will find a specific plan in your area, so you may not have access to all five plans Aetna sells. To see which Aetna Medicare Supplement plans are available in your state, select the Medicare Supplement option on the website and choose your state from a drop-down list. *Plan N pays 100% of Part B coinsurance, except for up to \$20 for some office visits and up to \$50 for emergency room visits not immediately followed with hospital admission. Starting in 2020, Medicare Supplement Plan F will be phased out due to the 2015 MACRA law prohibiting Medigap plans covering the Medicare Part B deductible. However, if you are currently enrolled in Plan F, the most popular Medicare Supplement plan, you can keep your insurance. Plan G replaces Plan F coverage for a lower premium, freeing up your cash to pay the Medicare Part B deductible, which is \$165 in 2019. In addition to the coverage in the chart above, Aetna offers Plan C in New Jersey. Plan C is similar to Plan F but doesn't cover the Medicare Part B excess charge, and Plan C enrollment will cease in 2020 because it pays the Part B deductible. Source: Getty Aetna lists Medicare supplement policy rates on their website, although they are a little

tricky to find. Once you are on Aetna's Medicare supplement plan state search page, select your state to see if they offer a plan in your area. If they do you'll click the state, scroll down and select the state again for a PDF document outlining pricing in your area. After browsing a few states' PDF documents, we discovered Aetna's rates are slightly lower than the national median. You can take a look at high, low and median Medicare Supplement insurance rates by state compiled by the independent bank and insurance rating organization, Weiss Medigap Ratings. The cost for plans varies across the country depending on whether you bundle benefits like medical and vision discount plans with a Medigap policy. Your age, location and health status affect the cost as well. The median annual cost for Plan G is \$1,547 with a high rate of \$5,487 and a low of \$858. The price of Medicare Plan A is as low as \$479 in some states, ramps up to nearly \$14,500 in others, with a middle ground of \$1,412. How To Apply for an Aetna Medicare Supplement Plan While you can view the Medicare Supplement insurance plans offered in your state on Aetna's website, the site doesn't allow you to enroll online. You have to call a local agent or call the number on the website to apply for a Medicare Supplement Plan. As is the case with enrolling in all supplement plans, you must be signed up for Medicare Part A and Part B, and be age 65 or older before you can buy a supplemental plan. Aetna Medicare Supplement Insurance Complaints Aetna insurance company rates an "A+" with the Better Business Bureau, where they have 178 complaints closed in the last 12 months. Most of the dissatisfaction resulted from policyholders not understand their benefits, although some errors occurred due to Aetna's internal systems. We saw no customer issues with Aetna Medicare Supplement insurance. ConsumersAdvocate.org gives Aetna a rating of 9 on a scale of 10. TopTenReviews awards the company 8.8 out of 10, and the cumulative score from WalletHub readers is 3.7 out of 5 stars. AM Best, Moody's and other credit rating agencies give Aetna very strong financial strength rating. Aetna Insurance Company received many awards over the years, including the Innovation in Reducing Health Care Disparities Award three times from the nonprofit National Business Group on Health. Aetna Medicare Supplement Insurance Q&A Can Aetna Medicare Supplement insurance provide medical benefits outside the United States? Yes. If you travel quite a bit, consider Aetna Medigap plans G, F, or N. You will have coverage for medical emergencies but not routine medical care outside of the country. Does Aetna restrict the doctors I can see with their Medicare Supplement coverage? As long as the medical provider accepts Medicare, you can use your Aetna Medicare Supplement insurance benefits. Can I use Medicare benefits to pay for the cost of Aetna's supplemental insurance? No, You have to pay for Medicare Supplement insurance yourself. Medicare only pays for health care services and Medicare Supplement plans enhance that coverage. Is there anything Aetna Medicare Supplemental insurance doesn't cover? Medigap insurance doesn't cover long-term care like some nursing home stays or assisted living facilities, vision care or glasses, dental care, hearing aids or private nursing. Are there any circumstances that would cause Aetna to cancel my Medicare Supplement plan? Regardless of any medical condition, no insurance company can cancel your supplemental Medicare insurance, as long as you continue paying premiums on time. Conclusion If you are one of the millions of retirees who work with a doctor to manage a chronic medical condition or are worried about unexpected medical bills wiping out your retirement savings, Aetna Medicare supplement insurance is worth considering. While Aetna offers only a few plans, you will likely find the right balance of coverage and affordability. With Aetna's partnership with CVS, the company is financially strong, so you know your claims will be paid into the future. To get a quote, call (877) 394-2161 or start a quote online. My parent had a fall and has severe injuries. After so much time in rehab we think they are going to discharge my parent and she is not ready to be discharged. We may need to have her remain there at our own expense and it's very expensive. Sandra H. Keene, NH In the hospital, my elderly mother was strung along and discharge approval to rehab took nearly a week. Meanwhile the patient became weaker due to lack of rehab, detrimental to her health, which frustrated the doctor and discharge caseworker. Calls to Aetna was not returned, they tried to blame our end. Only after pressing on them from family and hospital did they finally approve a transfer out of hospital. I consider Aetna negligent and criminal, healthcare is not their priority. B A. Plano, TX This is my first year with Aetna and I am very concerned about the length of time it takes for reimbursement of medical bills. My dentist appointment was 4/9/2019, for a cleaning for \$77.00, which I paid that day. Dr. ** office filed the information for reimbursement. On 5/8/2019 I called Aetna for an update. I mailed the information again on 5/9/2019. On 6/13/2019 I called Aetna once again for an update. Aetna said they received my information on 6/13/2019 and it would take an additional 4-6 weeks for reimbursement. It does not take 35 days for mail to be received. It must be sitting on someone's desk and not being processed. Today is 7/1/2019, and I have still not received my \$77.00. My worry is that if this is standard procedure, I will be receiving bills in the future for procedures that are covered because Aetna is extremely slow. This is unacceptable. Mary S. SAINT JOHNS, FL Write Review As an Aetna Better Health provider, you need to prescribe medically necessary therapy or medications for a member. Some of these services require prior authorization. A current list of the services that require authorization is available via the secure web portal. If you have questions about what is covered, consult your provider handbook or call 1-866-212-2851 (ICP) or 1-866-600-2139 (Premier Plan) for more information. If covered services and those requiring prior authorization change, you will receive at least 60 days' advance notice via provider newsletter, e-mail, updates to this website, letter (U.S. mail), telephone call or office visit. Remember, prior authorization is not a guarantee of payment. Unauthorized services will not be reimbursed. • ALWAYS verify member eligibility prior to providing services. • Complete the appropriate authorization form (medical or pharmacy). • Attach supporting documentation when submitting. You can fax your authorization request to 1-855-320-8445. You can also submit service authorizations through our secure web portal. Aetna Better Health works with certain subcontractors to coordinate services that are provided by entities other than Aetna Better Health, such as transportation, vision or dental services. If you have an Aetna Better Health member that needs one or more of these services, please contact Member Services at 1-866-212-2851 (ICP) or 1-866-600-2139 (Premier Plan) for more information.

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