



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

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

Submit your request online at:
<https://www.availity.com>

Visit www.aetna.com/formulary to access
our Pharmacy Clinical Policy Bulletins.

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	Patient Insurance ID Number	Physician name	Today's Date
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Section 2 Review

Is this request urgent? Defined as: A delay of service could seriously jeopardize the life or health of the member or the ability of the member to regain maximum function. – Or – In the opinion of a physician with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the disputed care or treatment. If this request is urgent and meets the definition as indicated above, please check this box.

Urgent Request

Date (MM/DD/YYYY): _____

Verify with the preauthorization list at www.aetna.com/formulary, according to the company's procedure, or call the number on the back of the member's card.

Is this request: New Authorization extension Providing additional information

If you already have an authorization number, list it here: _____

Section 3 Patient Information

Name		DOB (MM/DD/YYYY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Member ID Number	Group Number	Secondary Insurer Member ID Number	Secondary Group Number	Height	Weight
Allergies					

Section 4 Prescriber/Provider Information

Check one:
You are the Requesting provider Servicing provider Specialty: _____

Name	Tax ID Number	Phone	Fax
Address	City	State	ZIP Code
NPI Number	DEA Number (if required)	Whom should we contact if we require more information? Name: _____ Phone: _____ Fax: _____	

Section 5 Patient's PCP Information (If applicable)

Name	Phone	Fax
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Section 6 Medication/Medical & Dispensing Information

<input type="checkbox"/> New Therapy <input type="checkbox"/> Renewal If Renewal, Date therapy initiated: _____					
Route of administration: <input type="checkbox"/> Oral/SL <input type="checkbox"/> Topical <input type="checkbox"/> Injection <input type="checkbox"/> IV <input type="checkbox"/> Other: _____					
Administered: <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Dialysis Center <input type="checkbox"/> Home Health <input type="checkbox"/> By Patient <input type="checkbox"/> Other: _____					
Medication Name	Dose/Strength	Frequency	Length of Therapy	Number of Refills	Quantity

List of Previous Drugs Tried

Drug Name	Dosage

Section 7 Justification

Provide the medical rationale for requested drug (include chart notes and supporting labs) and why a formulary alternative is not acceptable:

Section 8 ICD Codes

Provide all ICD-9 or ICD-10 codes and their descriptions, if available; this will help us process your request.

Diagnosis: _____

Codes and descriptions are: ICD-9 ICD-10 Primary: _____ Second: _____ 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>

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).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

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 asụsụ 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	လၢၣ်တၢ်ကမၤကျိၣ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢၣ်တၢ်အိၣ်ဒီးအပူၤလၢၣ်နကတၢ်ဟ့ၣ်အိၣ်အကိၣ်ကိးဘၣ်လီၤတဲၣ်စိနီၣ်ဂံၢ်လၢၣ်အိၣ်လၢၣ်နိၣ်ဂံၢ် ၁ (၅၅) အလီၤတက့ၢ်ၤ
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	بو دەسپێر اگەشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທລະສັບໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Ñan bōk jipañ kōn kajin ilo an ejjelok wōñean ñan kwe, kwōn kallok nōm̄ba eo ilo kaat in ID eo am̄.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áa ni nizaad k'ehjí bee níká a'doowoł doo bááq̄h ílínígóó naaltsoos bee atah nílįigo nanitinígíí bee néého'dólzínígíí béesh bee hane'í biká'ígíí áajį́' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kwoɾ yin ran de wëër de thokic ke cìn wëu kɔr keek tënɔŋ yin. Ke yin cɔl ran ye kɔc kuɔny në namba de abac tō në ID kard duön de tiit de nyin de panakim kōu.
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 ਫੋਨ ਕਰੋ।

Romanian	Pentru a accesa gratuit serviciile de limbă, apălați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je don windi ha do derowol maada.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܟܠ ܥܘܒܝܢܟܡ ܬܚܝܒܝܬܟܡ ܠܥܡܠܘܬܝܢܝܢ ܕܠܗܘܢ ܟܘܠܗܘܢ ܥܘܢܘܢܝܢ ܘܢܘܒܝܘܢܝܢ ܕܠܗܘܢ ܟܘܠܗܘܢ ܥܘܢܘܢܝܢ ܘܢܘܒܝܘܢܝܢ ܕܠܗܘܢ ܟܘܠܗܘܢ ܥܘܢܘܢܝܢ ܘܢܘܒܝܘܢܝܢ ܕܠܗܘܢ ܟܘܠܗܘܢ ܥܘܢܘܢܝܢ ܘܢܘܒܝܘܢܝܢ ܕܠܗܘܢ ܟܘܠܗܘܢ ܥܘܢܘܢܝܢ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	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.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовнй отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn iṣẹ̀ èdè fún ọ̀ lófẹ́ẹ́, pe nọmbà tò wà lóri káàdì idánimò rẹ̀.