



Non-Specialty Drug Prior Authorization Requests Fax: 1-877-269-9916

Specialty Drug Prior Authorization Requests Fax: 1-888-249-6155

OR

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

Visit www.aetna.com/health-care-professionals.html to access our Pharmacy Clinical Policy Bulletins.

LOUISIANA SINGLE UNIFORM PRESCRIPTION DRUG PRIOR AUTHORIZATION FORM

For FASTEST service, call 1-855-240-0535, Monday-Friday, 8 a.m. to 6 p.m. Central Time

MEMBER INFORMATION

Patient Name: (Last Name)		(First Name)		(MI)
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight	
Address: (Street)		(City)	(State)	(Zip Code)
Phone Number	Policy ID Number	Is Member Currently Inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PRESCRIBER INFORMATION

Practice Name	Specialty	NPI Number (2)		
Physician Name	NPI Number (1)	DEA/License Number		
Address: (Street)		(City)	(State)	(Zip Code)
Phone Number	Fax Number			

MEDICATION INFORMATION

Expedited Request Yes No (If yes, explain below)

Drug Name		Quantity
Strength	Directions	
Dispense as written? <input type="checkbox"/> Yes <input type="checkbox"/> No	Substitution Permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Refills
Currently on this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other medications tried to treat this condition	Dates
List other current medications: (<input type="checkbox"/> See attached list)		
Reasons for discontinuation of tried therapies		
Diagnosis/Indication		ICD Diagnosis Code
Rationale and/or other information relevant to the review of this request (explain reason for expedited request if applicable: <input type="checkbox"/> Included lab results)		
Drug Allergies	EPSDT Support Coordinator (optional): (Name/Address)	

PHARMACY INFORMATION

Pharmacy Name	Phone Number	Fax Number
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PHYSICIAN SIGNATURE

Signature	Date
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Pharmacies are allowed to dispense a 72 hour emergency supply while authorization is pending.