



Submit your request online at: [www.Availity.com](http://www.Availity.com)

Non-Specialty Drug Prior Authorization Fax: 1-877-269-9916  
Specialty Drug Prior Authorization Fax: 1-866-249-6155

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

Visit [www.aetna.com/health-care-professionals.html](http://www.aetna.com/health-care-professionals.html)  
to access our Pharmacy Clinical Policy Bulletins

**REQUEST FOR AN ALTERNATIVE CONTRACEPTIVE DRUG, DEVICE, OR PRODUCT FOR PATIENTS COVERED UNDER A NY HEALTH INSURANCE POLICY (other than self-funded ERISA coverage, Medicaid, Medicare, and TRICARE)**

Health care providers must complete this form and send it to their patient’s insurer to obtain coverage of a contraceptive drug, device, or product that is not on the insurer’s drug formulary if the therapeutic and pharmaceutical equivalent versions of a contraceptive drug, device, or product on the formulary are not available or are deemed medically inadvisable. Insurers must cover a non-formulary contraceptive drug, device, or product without cost-sharing upon the recommendation of the patient’s health care provider.

Patient’s Information		
Patient’s Name		Date of Birth
Patient’s Address		
City	State	Zip Code
Health Insurer Name	Patient’s Member ID #	

Attending Health Care Provider’s Information		
Name		
Address		
City	State	Zip Code
Office Phone	Fax	
Tax ID # / NPI # (if available)	Facility Name (if applicable)	
Office Point of Contact (optional)	Preferred Contact Method	

**Alternative Contraceptive Drug, Device, or Product Request (to be completed by the attending health care provider)**

The covered therapeutic and pharmaceutical equivalent versions of a contraceptive drug, device, or product are: (check one)

- Not available; OR
- Deemed medically inadvisable.



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**Requested Alternative Contraceptive Drug, Device or Product: (complete applicable items)**

I, the patient's attending health care provider, in my reasonable professional judgment, have determined that the use of the non-covered therapeutic or pharmaceutical equivalent of a contraceptive drug, device, or product listed below is warranted.

Contraceptive Drug/Device/Product Name	Strength	Quantity per Month
J-code	Units Requested	Proposed Date of Service
<input type="checkbox"/> Check if a generic equivalent may be substituted for the requested contraceptive drug, device, or product.		

**Expedited (Fast) Decision (to be completed by the attending health care provider if applicable)**

If the attending health care provider believes that waiting 72 hours for a standard decision could seriously harm the patient's life, health, or ability to regain maximum function, or the patient is undergoing a current course of treatment using a non-covered contraceptive drug, device, or product, you can ask for an expedited (fast) decision.

**The patient's health care provider is asking for a decision within 24 hours because: (check one)**

- Waiting 72 hours for a standard decision could seriously harm the patient's life, health, or ability to regain maximum function.
- The patient is undergoing a current course of treatment using a non-covered contraceptive drug, device, or product.

**Signature**

I certify that the information provided in this form is accurate to the best of my knowledge.

Health Care Provider's Signature	Date

**Send the completed form to:**

Fax Number:  
1-877-269-9916

You may also request coverage of an alternative contraceptive drug, device, or product at 1-855-240-0535 or through our website at <https://navinet.navimedix.com/Main.asp>. We will process your request within 72 hours of receipt for a standard request or 24 hours from receipt for an expedited request. We will notify the provider using the preferred contact method when the request has been processed. You may contact us at 1-855-240-0535 with any questions, including the status of the request.



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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](mailto: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).

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Gujarati	તમારે કોઈ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઈડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.
Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
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 ụgwọ obula, kpọọ nọmba nọ 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	လၢတၢ်ကမၤကျိၢ်တၢ်မၤလၢအတၢ်ဖံးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကဘၣ်ယုၣ်အိၣ်အဂီၢ်ကိးဘၣ်လိတံစိနီၣ်ကံၤလၢအိၣ်လၢနနီၣ်ကံၤ ဗ (၅၅) အလၢတၢ်ကမၤ
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	بۆ دەسپێرێتگه‌شتن به‌ خزمه‌تگوزاری زمان به‌ی تێچوون بۆ تو، په‌یوه‌ندی بکه‌ به‌ ژماره‌ی سه‌ر ئای دی (ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທລະສັບໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ñan bōk jipañ kōn kajin ilo an ejjelōk wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíigo nanitinígíí bee néého'dólzínígíí béésh bee hane'í biká'ígíí áají' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kwoɾ yin ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yin. Ke yin cɔl ran ye kɔc kuony në namba de abac tō në ID kard duñ de tīt de nyin de panakim kōu.

