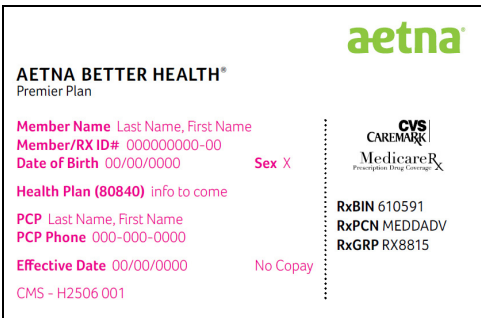
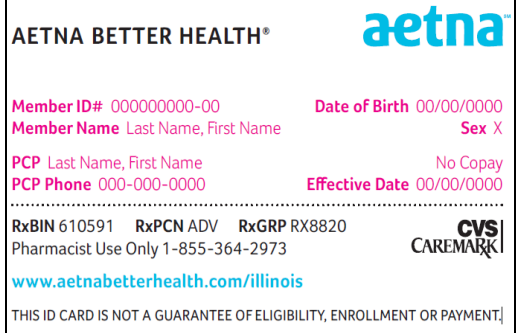


Aetna Better Health of Illinois Prior Authorization Reminder

Aetna Better Health of Illinois is an existing plan sponsor with Caremark. The information provided below is to assist with Prior Authorization for both the new Premier Plan (Medicare-Medicaid Dual Plan) and the existing Medicaid plan.

Please use the designated Prior Authorization phone numbers returned in the reject message or as provided below for the respective plans. Representatives for each plan will assist with the Prior Authorization process. This is the only approved PA process for both Aetna Better Health of Illinois plans.

	Premier Plan (Medicare-Medicaid Plan)	Medicaid
RXBIN	610591	610591
RXPCN	MEDDADV	ADV
RXGRP	RX8815	RX8820
Member ID		
Prior Authorization	855-582-2021 Fax: 855-365-8109	866-212-2851 Fax: 855-684-5250
Customer Care	866-600-2139	866-212-2851
Pharmacy Help Desk	855-364-2974	855-364-2973

For additional claim processing information, refer to the NCPDP Version D.0 payer sheets at: www.caremark.com/pharminfo or www.caremark.com > For Pharmacists and Medical Professionals (lower left) > NCPDP Payer Sheets.

Thank you for delivering high quality, cost-effective pharmacy services to **Aetna Better Health** plan members.