#### FLORIDA MEDICAID PRIOR AUTHORIZATION

### **PROLEUKIN®**



Note: Maximum Length of Therapy is Three Months
Note: Form must be completed in full.
An incomplete form may be returned.



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**REQUIRED FOR REVIEW:** Copies of medical records (i.e., diagnostic evaluations and recent chart notes), and the most recent copies of related labs.

The provider must retain copies of all documentation for five years.

**Call or Fax Information to:** Florida Community Care Prior Authorization

Phone number for non-specialty Prior Authorization: 877-433-7643 Phone number for specialty Prior Authorization: 866-814-5506 Fax number for non-specialty Prior Authorization: 866-255-7569 Fax number for non-specialty Prior Authorization: 866-249-6155

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# FLORIDA MEDICAID PROTOCOL Proleukin (Aldesleukin)



# **Generic Code:**

49031

## **Approved indications:**

- Renal Cell Carcinoma
- Metastatic Melanoma
- Non-Hodgkin's Lymphoma
- Acute Myelogenous Leukemia

Dosage and Frequency must be provided.

## **Approval Period:**

Length of Approval for a maximum of three months.