



FLORIDA MEDICAID

Prior Authorization

Spinraza® (nusinersen)



(Note: Maximum Length of Approval is 8 Months)

Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID# [grid] Date of Birth (MM/DD/YYYY) [grid]

Recipient's Full Name [grid]

Prescriber's Full Name [grid]

Prescriber's NPI [grid]

Prescriber Phone Number [grid]

Prescriber Fax Number [grid]

Table with columns: MEDICATION (Spinraza), QUANTITY, DIRECTIONS

Diagnosis \_\_\_\_\_

Provider Specialty \_\_\_\_\_

Initiation of Therapy OR Continuation of Therapy

MEDICAL HISTORY

Table with columns for Invasive Ventilation, Non-invasive ventilation, Tracheostomy, Scoliosis, Spine Surgery, Yes/No

NOTE: OFFICIAL LAB REPORTS AND TESTING MUST BE SUBMITTED WITH THE PRIOR AUTHORIZATION REQUEST. FORM AND LAB DATA MUST BE COMPLETED IN FULL.

Official Genetic Testing Confirming Diagnosis: Yes No Assessment Motor Milestone Score: Yes No Name of Assessment: Date of Test: Date of Assessment:

Platelet Count: Date of lab: Coagulation Laboratory Testing: Yes No Date of lab:

Quantitative Spot Urine Testing: Yes No Date of lab:

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REQUIRED FOR REVIEW: Copies of medical records (e.g., 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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