

## FLORIDA MEDICAID PRIOR AUTHORIZATION Exondys 51<sup>®</sup> (eteplirsen)

(Note: Maximum Length of Approval is 6 Months) Note: Form must be completed in full. An incomplete form may be returned.



Recipient's Medicaid ID# Date of Birth (MM/DD/YYYY)					
Recipient's Full Name					
Prescriber's Full Name					
Prescriber's NPI					
Prescriber Phone Number Prescriber Fax Number					
			<u> </u>		
MEDICATION QUANTITY DIRECTIONS					
Weight Ibs or _	kas as of		(date)		
Diagnosis					
Provider Specialty					
Initiation of Therapy OR Continuation of Therapy					
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 Dia	Walk Test:				
Yes No	Yes Data of Tasi				
Date of Test: Date of Test:					
Brooke Upper Extremity Function Scale		Forced Vital Capacity:			
Yes No	Yes	-			
Date:	Date:	······			

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 **Confidentiality Notice:** The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender (via return fax) immediately and arrange for the return or destruction of these documents. Distribution, reproduction or any other use of this transmission by any party other than the intended recipient is strictly prohibited.