FLORIDA MEDICAID PRIOR AUTHORIZATION



Increlex®



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

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-	 Is the patient a child older than two years of age with open epiphyses? Is the patient receiving ongoing care from an endocrinologist? Is the current prescriber an endocrinologist? 												Yes		No	\dashv													
-		3. Does the patient have growth failure related to growth hormone deficiency, malnutrition, hypothyroidism, or												Yes		No	-												
	0.	chronic anti-inflammatory steroid use? (Thyroid and nutritional deficiencies should be corrected before													140														
		initia	ation (of Ind	crele	x®)	-																						
	4.	Doe	s the	patie	ent h	ave a	activ	e or s	suspe	ect n	eopla	asia?	1													Yes		No	
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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.