FLORIDA MEDICAID



Prior Authorization Supprelin LA (histrelin acetate)



Maximum Length of Therapy = Date of Service

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

Recipient's Medicaid ID# Date of Birth (MM/DD/YYYY)																													
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Recipient's Full Name															l														
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Pres	crib	er's	Full	Nam	e	1	1			1	ı	1	1	1	ı		1	1	1	ı	I	1	1	1	1	1	1	ı	1
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Pres	crib	er Pl	none	Nur	nber					•		Pres							scriber Fax Number										
Is th	Is this medication for precocious puberty? Yes No If Yes, specify ICD: Yes No Has the prescriber a pediatric endocrinologist? Yes No Has the patient had a clinical course of either Lupron Depot-Ped or Synarel that has failed or was not tolerated (within the last six months)? Yes No Note: Legible copies of progress notes describing these events are required, please attach.																												
	Please submit measurement of blood concentration of total sex steroids, measurement of LH and FSH after stimulation with GnRH analog, and assessment of bone versus chronological age.																												
Prescriber's Signature:																					Da	ate:							
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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 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.