

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)
Recipient's Full Name
Prescriber's Full Name
Prescriber's NPI
Prescriber Phone Number
Prescriber Fax Number

Prescriber Specialty: _____

Is this medication for precocious puberty?
Yes No
If Yes, specify ICD: _____

Is 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: _____ Date: _____

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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