Reset Form



## FLORIDA MEDICAID PRIOR AUTHORIZATION: Pharmacy – Miscellaneous

Maximum length of approval = 12 months or less. Note: Form must be completed in full. An incomplete form may be returned. FAX this completed form to 1-888-865-6531 OR Mail request to Pharmacy Services Prior Authorization Dept. 5 River Park Place East, Suite 210, Fresno, CA 93720. Call 1-833-705-1351 to request a 72-hour supply of medication. Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information, expect during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

Recipient's Medicaid ID#										Date of Birth (MM/DD/YYYY)																			
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Drug: Quantity:											Dosage and Frequency of Dosing:																		
Diagnosis:																													
Prev	Previous Therapy (include drug, dose, and duration):																												
1. Date of trial:																													
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		Allergic reaction, contraindication, and/or drug interaction (please specify all and submit progress notes to support):																											
	٦	Therapeutic Failure (please provide lab data, discharge summaries, or progress notes):																											
Continuation of Therapy:																													
	Patient has a documented positive response to therapy (progress notes required):																												
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