



FLORIDA MEDICAID PRIOR AUTHORIZATION

Exondys 51® (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)

Grid for Medicaid ID#

Grid for Date of Birth

Recipient's Full Name

Grid for Recipient's Full Name

Prescriber's Full Name

Grid for Prescriber's Full Name

Prescriber's NPI

Grid for Prescriber's NPI

Prescriber Phone Number

Grid for Prescriber Phone Number

Prescriber Fax Number

Grid for Prescriber Fax Number

MEDICATION	QUANTITY	DIRECTIONS
------------	----------	------------

Weight \_\_\_\_\_ lbs or \_\_\_\_\_ kgs 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 Diagnosis:  Yes  No

Date of Test: \_\_\_\_\_

Six-Minute Walk Test:  Yes  No

Date of Test: \_\_\_\_\_

Brooke Upper Extremity Function Scale:  Yes  No

Date: \_\_\_\_\_

Forced Vital Capacity:  Yes  No

Date: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REQUIRED FOR REVIEW: All 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.

Fax this form to 1-866-940-7328

Pharmacy PA Call Center:

1-855-258-1593

02.15.2024

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.