

FLORIDA MEDICAID

Prior Authorization

Spinraza® (nusinersen)

(Note: Maximum Length of Approval is 8 Months)

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

Recipient's Medicaid ID#										D	Date of Birth (MM/DD/YYYY)																				
														/				/													
Recipient's Full Name																															
Prescriber's Full Name																															
Pres	cribe	er's l	NPI			· ·		<u> </u>				I		1											ı						<u> </u>
Prescriber Phone Number																			Pres	scrib	er F	ax N	lumi	oer							
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	MEDICATION QUANTITY																	ח	IRF(TIC	NS										
Spinraza							DIRECTIONS																								
Dia	Diagnosis																														
	Diagnosis																														
Pro	Provider Specialty																														
☐ Initiation of Therapy OR ☐ Continuation of Therapy																															
MEDICAL HISTORY																															
Invasive Ventilation (≤ 16 hours per day)									Yes No					Scoliosis					Yes					□ No							
Non-invasive ventilation for at least 12 hours per day								☐ Yes ☐ No					Spine Surgery						☐ Yes					□ No							
Tracheostomy										Yes		I	No							· ·											
NO.	NOTE: OFFICIAL LAB REPORTS AND TESTING MUST BE SUBMITTED WITH THE PRIOR AUTHORIZATION REQUEST. FORM AND LAB DATA MUST BE COMPLETED IN FULL.															ST.															
Official Genetic Testing Confirming Diagnosis:												Assessment Motor Milestone Score:												☐ Yes ☐ No							
☐ Yes ☐ No Date of Test:													Name of Assessment:													_					
														Date of Assessment:													_				
	Platelet Count:													Coagulation Laboratory Testing :																	
Dat	е от	iab:													te of lab:																
Qua	antita	ative	e Sp	ot Ur	rine	Tes	ting	:		Yes		No	Da	ate	of la	ab: _											_				
Droo	Prescriber's Signature:													P-4																	
								medica																							

Fax this form to 1-866-940-7328

labs. The provider must retain copies of all documentation for five years.

Pharmacy PA Call Center: 1-800-310-6826

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