

# 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.

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Reason for Discontinuing Previous Therapy: Allergic reaction (please specify and submit progress notes to support):																															
	Contraindication(s) (list conditions):																														
		Drug interaction(s) (please specify):																													
	Therapeutic Failure (please provide lab data, discharge summaries, or progress notes):																														
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### The provider must retain copies of all documentation for five years.

Fax Information to:



Pharmacy Provider Services Fax: 855-825-2717 Phone: 1-800-617-5727