

FLORIDA MEDICAID

Prior Authorization

Botox®



Medicaid coverage is approved for children being treated by the Shriner's clinic only. All other botulinum products are covered through physician services. This form is not required for reimbursement through physician services.

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

Recipient's Medicaid ID# [grid] Date of Birth (MM/DD/YYYY) [grid]

Recipient's Full Name [grid]

Prescriber's Full Name [grid]

Prescriber License # (ME, OS, ARNP, PA) [grid]

Prescriber Phone Number [grid] - [grid] Prescriber Fax Number [grid] - [grid]

Pharmacy Name [grid]

Pharmacy Medicaid Provider # [grid]

Pharmacy Phone Number [grid] - [grid] Pharmacy Fax Number [grid] - [grid]

- 1. Is the patient receiving Botox therapy at Shriner's Clinic? Yes No
2. What is the recipient's diagnosis?
3. What will be the dosage and frequency of dosing?
4. Requested date of therapy (MM/DD/YYYY):

Prescriber's Signature: _____ Date: _____

REQUIRED FOR REVIEW: Copies of medical records (i.e., diagnostic evaluations and recent chart notes), a copy of the original prescription, and the most recent copies of related labs.

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