Print Form Reset Form

FLORIDA MEDICAID

Prior Authorization

Increlex®

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

Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY) / /

Recipient's Full Name

Prescriber's Full Name

Prescriber License # (ME, OS, ARNP, PA)

Prescriber Phone Number -

Prescriber Fax Number -

○ **Initiation of Therapy** – complete form and submit all relevant supporting documentation.

-OR-

○ **Continuation of Therapy** – complete form and submit supporting documentation which should include a **growth chart** demonstrating progression of growth since initiation of therapy.

Diagnoses: (Please check all that apply and submit supporting lab work and documentation.)

☐ **Increlex®** for patient with severe primary insulin-like growth factor (IGF)-1 deficiency (IGFD) defined by:

- Height standard deviation score ≤ -3
- Basal IGF-1 standard deviation score ≤ -3
- Normal or elevated growth hormone level

☐ **Increlex®** for patient with growth hormone gene deletion who has developed neutralizing antibodies to growth hormone. **(Must submit supporting documentation.)**

Complete Assessment:

1.	Is the patient a child older than two years of age with open epiphyses?	○ Yes	○ No
2.	Is the patient receiving ongoing care from an endocrinologist? Is the current prescriber an endocrinologist?	○ Yes	○ No
3.	Does the patient have growth failure related to growth hormone deficiency, malnutrition, hypothyroidism, or chronic anti-inflammatory steroid use? *(Thyroid and nutritional deficiencies should be corrected before initiation of Increlex®)*	○ Yes	○ No
4.	Does the patient have active or suspect neoplasia?	○ Yes	○ No

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:

PERFORMRx℠

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