



FLORIDA MEDICAID PRIOR AUTHORIZATION

HIV Diagnosis Verification or Prophylaxis For HIV

This form is not the appropriate form for Fuzeon, Selzentry, or Serostim submission
Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID#

Grid for Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY)

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

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

Table with 3 columns: Drug, Quantity, Dosage and Frequency of Dosage

HIV Diagnosis Verification OR Prophylaxis for HIV

Diagnosis / Indication for therapy:

- Maternal-fetal prophylaxis
Sexual Assault (non-occupational exposure prophylaxis)
HIV (Specify Diagnosis Code):
Pre-Exposure HIV Prophylaxis
Other:

Providers who call 800-603-1714 or 877-553-7481 to verbally attest to an HIV diagnosis will be allowed a one-month override to allow time for diagnoses codes to be updated in the billing process or for this verification form to be submitted with medical records to Medicaid. Technology solutions have been implemented to allow claims to automatically process for maternal-fetal prophylaxis and assault victims.

Prescriber's Signature: Date:

Providers 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

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