

## Prior Authorization Proleukin®

Note: Maximum Length of Therapy is Three Months

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

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Dosage and frequency of dosing?																												
Prescriber's SignatureDATE:																												
REQUIRED FOR REVIEW: Copies of medical records (i.e., diagnostic evaluations and recent chart notes), a copy of the original prescription,													ion,															
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

# FLORIDA MEDICAID PROTOCOL Proleukin (Aldesleukin)



### **Generic Code:**

49031

### **Approved indications:**

- Renal Cell Carcinoma
- Metastatic Melanoma
- Non-Hodgkin's Lymphoma
- Acute Myelogenous Leukemia

Dosage and Frequency must be provided.

#### **Approval Period:**

Length of Approval for a maximum of three months.