Aetna Better Health® of Florida (MEDICAID)

PROLEUKIN®

Note: Maximum Length of Therapy is Three Months

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 NPI

Prescriber Phone Number - -

Prescriber Fax Number - -

Pharmacy Name

Pharmacy Medicaid Provider #

Pharmacy Phone Number - -

Pharmacy Fax Number - -

1. What is the recipient's diagnosis?
   - ☐ Renal Cell Carcinoma
   - ☐ Metastatic Melanoma
   - ☐ Non-Hodgkin's Lymphoma
   - ☐ Acute Myelogenous Leukemia
   - ☐ Other Please specify: _____
2. Dosage and frequency of dosing? _____

Prescriber's Signature: _____ **Date:** _____

REQUIRED FOR REVIEW: All copies of medical records (e.g., diagnostic evaluations and recent chart notes), and the most recent copies of related labs. The provider must retain copies of all documentation for five years.

Fax completed prior authorization request form to Aetna Better Health of Florida at 855-799-2554 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

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.