

## Aetna Better Health® of Florida (MEDICAID)

## **Human Growth Hormone**

**Preferred (with maximum age limit of 16 years)**: Genotropin, Ngenla, Norditropin

**Non-Preferred**: Humatrope, Nutropin, Omnitrope, Saizen, Skytrofa, Sogroya, Zomacton

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

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		Da	Date Therapy Initiated:												(	(Authorization will consist of one four-week course of therapy.)											ару.)	



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Prescriber's Signature:												Date:																	
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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.

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