# PRIOR AUTHORIZATION REQUEST
## *Pulmozyme*

PATIENT: Name______________________
Address: ______________________
City, State, Zip_____________________
D.O.B. _____________________
Member ID:________________________

Prescriber: Name______________________
Address ______________________
City, State, Zip_____________________
Phone _____________________
Fax _____________________
NPI _____________________

**Medication Requested:___________** **Qty Requested: ___________**

Your patient's prescription benefit requires that we review certain requests for coverage with the prescriber. You have prescribed a medication for your patient that requires Prior Authorization before benefit coverage or coverage of additional quantities can be provided. Please complete the following questions then fax this form to the toll free number listed below. Upon receipt of the completed form, prescription benefit coverage will be determined based on the plan's rules.

## SECTION A: Please answer the following questions

1. What is the indication or diagnosis?
   - ☐ Cystic fibrosis
   - ☐ Asthma
   - ☐ Bronchiectasis, idiopathic
   - ☐ All other indications or diagnoses – (Please Specify) ______________________________________
2. ☐ Yes ☐ No Is the requested medication being prescribed by or in consultation with a pulmonologist or a physician who specializes in the treatment of cystic fibrosis?

***Please document the diagnoses, symptoms, and/or any other information important to this review:***

______________________________________________________________________

______________________________________________________________________

## SECTION B Physician Signature

______________________________________________________________________
PHYSICIAN SIGNATURE DATE

**FAX COMPLETED FORM TO: 877-251-5896**

**Disclaimer:** An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior

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authorization as per Plan policy and procedures.

**If you have any questions, call: 800-753-2851**

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