

# Pharmacy Prior Authorization Form

For Prior Authorization please fax to: 616 942-8206

Last Reviewed: Sept. 09

This form applies to:  Commercial Plan  Medicaid Plan  Medicare Plan

## Inhalation Solutions used with a nebulizer

Urgent  Non-urgent

Member Name:	Member #:
DOB:	Gender:
Provider Name:	Provider Phone:
Provider Office Address:	
Provider Office Contact Name:	Provider Fax:
Provider Signature:	Provider NPI:
Date:	Member's PCP:

### Select a drug and strength:

Drug Name	Strength
<input type="checkbox"/> Isoetharine HCL	<input type="checkbox"/> 10MG/ML
<input type="checkbox"/> Tobi (Tobramycin /0.25 Normal Saline)	<input type="checkbox"/> 300MG/5ML
<input type="checkbox"/> Virazole (Ribavirin)	<input type="checkbox"/> 6G
<input type="checkbox"/> Accuneb/Proventil/Airet/ (Albuterol Sulfate)	<input type="checkbox"/> 0.21MG/ML <input type="checkbox"/> 0.42MG/ML <input type="checkbox"/> 5mg/ML <input type="checkbox"/> 0.83MG/ML
<input type="checkbox"/> Duoneb (Albuterol Sulfate/Ipratropium)	<input type="checkbox"/> 2.5-0.5/3
<input type="checkbox"/> Ipratropium Bromide	<input type="checkbox"/> 0.2MG/ML
<input type="checkbox"/> Sodium Chloride	<input type="checkbox"/> 0.9% <input type="checkbox"/> 10% <input type="checkbox"/> 3%,
<input type="checkbox"/> Pulmicort (Budesonide)	<input type="checkbox"/> 0.25MG/2ML <input type="checkbox"/> 0.5MG/2ML
<input type="checkbox"/> Survanta (Beractant)	<input type="checkbox"/> 25MG/ML
<input type="checkbox"/> Infasurf (Calfactant)	<input type="checkbox"/> 35MG/ML
<input type="checkbox"/> Curosurf (Poractant Alfa)	<input type="checkbox"/> 120MG/1.5 <input type="checkbox"/> 240MG/3ML
<input type="checkbox"/> Intal (Cromolyn Sodium)	<input type="checkbox"/> 20MG/2ML
<input type="checkbox"/> Pulmozyme (Dornase Alfa)	<input type="checkbox"/> 1MG/ML

Dose: \_\_\_\_\_ Start date: \_\_\_\_\_

### Priority Health Precertification Requirements:

#### Authorization of inhalation solutions require:

- If being used with a nebulizer in the home, it is considered a Part B benefit
- If **not** being used with a nebulizer in the home, it is considered a Part D benefit

#### Please Complete the Following Information:

Diagnosis: \_\_\_\_\_

Medication is being used in a nebulizer:

- Yes  
 No

Patient resides in a long term care facility:

- Yes  
 No

\*\*\* All fields must be complete and legible for Prior Authorization Review\*\*\*

**Please fax this request to: (877)974-4411 toll free or (616)942-8206  
YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX**