

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Commercial (Traditional) Commercial (Individual/Optimized)
 Medicaid

This request is: Urgent (life threatening) Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Pulmozyme[®] (dornase alfa)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product Information

New Request Continuation Request

Drug product: Pulmozyme 1 mg/mL solution

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dosing frequency: _____

Precertification Requirement

Before this drug is covered, the patient must meet all of the following requirements for a 12-month initial authorization:

1. Must be used for cystic fibrosis (CF)
2. Age ≥ 5 years
3. Prescribed by Pulmonologist or Infectious Disease specialist.

For continuation, the patient must meet all of the following requirements every 12-months:

1. Must provide FVC
2. Must provide documentation showing stable disease
3. Must provide documentation supporting decreased incidence of respiratory infections

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

New Request

Priority Health Precertification Documentation

A. What is the patient's diagnosis?

cystic fibrosis

Other: _____

Rationale for use: _____

B. What is the prescriber's specialty?

- Pulmonology
- Infectious Disease
- Other: _____

**Continuation Request
Priority Health Precertification Documentation**

A. What is the patient's FVC?

FVC: _____ Date: _____

B. Is there documentation showing stable disease?

- Yes
- No

C. Is there documentation showing a decreased incidence of respiratory infections?

- Yes
- No

NOTE: Pulmozyme (dornase alpha) is not authorized for non-FDA-approved indications