

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

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:

1. Must be used for cystic fibrosis (documentation of a cystic fibrosis ICD10 code* within the last 12 months must be submitted to Priority Health)

* Approved ICD10 codes are provided in the Additional Information section

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.

Priority Health Precertification Documentation

A. What is the patient's diagnosis?

Cystic fibrosis (documentation of a cystic fibrosis ICD10 code from within the last 12 months must be submitted to Priority Health)

Other: _____

Rationale for use: _____

Additional Information:

Approved ICD10 Codes for Cystic Fibrosis

ICD10	ICD10 Label
E84.0	Cystic fibrosis with pulmonary manifestations
E84.11	Meconium ileus in cystic fibrosis
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations
E84.9	Cystic fibrosis, unspecified