

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.

Tobramycin (generic TOBI[®]) / Kitabis Pak[®] / Bethkis[®]

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: Tobramycin 300 mg/5 mL ampul-neb **Start date** (or date of next dose): _____
 Kitabis Pak 300 mg/5 mL **Date of last dose** (if applicable): _____
 Bethkis 300mg/4mL **Dosing frequency**: _____

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must be used for cystic fibrosis
2. Must have suspected or confirmed diagnosis of *Pseudomonas aeruginosa* lung infection
3. Must be age 6 years or older
4. When authorized, must not exceed a 28-day supply every 56 days (28 days on and 28 days off)

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

What condition is this drug being requested for?

- Cystic fibrosis
 Other – the patient's condition is: _____
 Rationale for use: _____

Does that patient have suspected or confirmed diagnosis of *Pseudomonas aeruginosa* lung infection?

- Yes
 No, rationale: _____