



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

TOBRAMYCIN

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Form with fields for Patient Name, HPP Member Number, Date of Birth, Address, City, State ZIP, Patient Primary Phone, Line of Business (Medicaid, CHIP), Prescriber Name, Fax, Phone, Office Contact, NPI, Promise ID, Prescriber PA PROMISe ID, Address, City, State ZIP, Specialty/facility name (if applicable).

Expedited/Urgent checkbox

Drug Name:

Strength:

Days Supply:

Number of Refills:

Directions / SIG:

HPP's maximum approval time is 12 months but may be less depending on the drug.

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is the medication being prescribed by or in consultation with a pulmonologist?

Yes checkbox

No checkbox

Q2. Is the patient greater than or equal to 6 years of age with a diagnosis of cystic fibrosis with cultures proving colonization with Pseudomonas aeruginosa? (Documentation of culture and sensitivity report and/or clinical progress notes must be attached).

Yes checkbox

No checkbox

Q3. Do the lab results show colonization with Burkholderia cepacia?

Yes checkbox

No checkbox

Q4. Is the request for generic tobramycin inhalation solution being prescribed at a dose 300 MG twice daily (6 to 12 hours apart), administered in repeated cycles of 28 days on drug followed by 28 days off drug?

Yes checkbox

No checkbox

Q5. Is the request for brand TOBI, brand BETHKIS, brand KITABIS PAK, or TOBI PODHALER?

Yes checkbox

No checkbox

Q6. Has the patient tried and failed generic tobramycin inhalation solution? (Please include documentation describing treatment failure to generic tobramycin inhalation solution).

Yes checkbox

No checkbox

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Patient Name:

Prescriber Name:

Q7. If the request is for brand TOBI, brand BETHKIS, or brand KITABIS PAK, is it being prescribed at a dose of 300 MG twice daily (6 to 12 hours apart), administered in repeated cycles of 28 days on drug followed by 28 days off drug?

Yes checkbox

No checkbox

Q8. If the request is for TOBI PODHALER, is it being prescribed at a dose of four 28 MG capsules twice daily (6 to 12 hours apart), administered in repeated cycles of 28 days on drug followed by 28 days off drug?

Yes checkbox

No checkbox

Q9. Requested Duration:

6 Months checkbox

Q10. Additional Info:

Prescriber Signature

Date

Updated 2018