



FAX Completed Form To 1.833.404.2392

Prescriber Help Desk 1.833.587.2012 Online

Request for Prior Authorization MANNITOL INHALATION POWDER (BRONCHITOL)

OL) <u>covermymeds.com/main/</u> prior-authorization-forms/

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name		DOB
Patient address			
Provider NPI	Prescriber name		Phone
Prescriber address		Fax	
Pharmacy name	Address		Phone
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.			
Pharmacy NPI	Pharmacy fax	NDC	
Prior authorization is required for ma	annitol inhalation powder (Bronchito	ol). Payment will be c	onsidered when the following
 criteria are met: Patient has a diagnosis of cystic fibrosis; and Patient meets the FDA approved age; and Prescriber is a cystic fibrosis specialist or pulmonologist; and Documentation is provided that patient has successfully completed the Bronchitol tolerance test (BTT); and Patient will pre-medicate with a short-acting bronchodilator; and Dose does not exceed the FDA approved dose. If the criteria for coverage are met, an initial authorization will be given for 6 months. Additional approvals will be granted if the following criteria are met: Adherence to mannitol inhalation powder (Bronchitol) therapy is confirmed; and Patient has demonstrated improvement or stability of disease symptoms, such as improvement in FEV₁, decrease in pulmonary exacerbations, decrease in hospitalizations, or improved quality of life. 			
			nprovement in FEV1, decrease in
			nprovement in FEV₁, decrease in
pulmonary exacerbations, d		oved quality of life.	nprovement in FEV₁, decrease in Days Supply
pulmonary exacerbations, d	ecrease in hospitalizations, or impro	Quantity	
pulmonary exacerbations, d Bronchitol Strength	ecrease in hospitalizations, or impro	Quantity	Days Supply
pulmonary exacerbations, d Bronchitol Strength Diagnosis:	ecrease in hospitalizations, or impro	Quantity Quantity Other (specify):	Days Supply
pulmonary exacerbations, d Bronchitol Strength Diagnosis: Prescriber Specialty: □ CF Specialty:	ecrease in hospitalizations, or impro Dosage Instructions	Quantity Quantity Other (specify):	Days Supply
pulmonary exacerbations, d Bronchitol Strength Diagnosis: Prescriber Specialty: □ CF Specialty:	ecrease in hospitalizations, or impro Dosage Instructions	Quantity Quantity Other (specify):	Days Supply
pulmonary exacerbations, d Bronchitol Strength Diagnosis: Prescriber Specialty: □ CF Specialty: Has patient successfully complete Will patient pre-medicate with a set	Dosage Instructions Dosage Instructions ecialist □ Pulmonologist □ C ted the BTT? □ Yes Date: short-acting bronchodilator? □	Quantity Quantity Other (specify):	Days Supply
pulmonary exacerbations, d Bronchitol Strength Diagnosis: Prescriber Specialty: □ CF Specialty Has patient successfully complete Will patient pre-medicate with a se Renewal Requests:	Dosage Instructions Dosage Instructions ecialist Pulmonologist ecialist ecialist Pulmonologist ecialist ecialist	Quantity Quantity Other (specify):	Days Supply
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pulmonary exacerbations, d Bronchitol Strength Diagnosis: Prescriber Specialty: □ CF Specialty: Has patient successfully complete Will patient pre-medicate with a se Renewal Requests: Patient is adherent to Bronchitol Document positive response to t	Dosage Instructions Dosage Instructions ecialist Pulmonologist ecialist Pulmonologist Context the BTT? Yes Date: Short-acting bronchodilator? Short-acting bronchodilator? Short-acting bronchodilator? Interapy: Yes No herapy: umentation as necessary.	Quantity Quantity Other (specify):	Days Supply

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.