

Prescriber Criteria Form

Tobramycin BDC 2025 PA Fax 232-A v1 010125.docx  
 Inhalation Solutions - Tobramycin  
 Bethkis, Kitabis Pak, Tobi (tobramycin inhalation solution)  
 Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.  
 Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact  
 CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are  
 met, we will authorize the coverage of Inhalation Solutions - Tobramycin.

Drug Name (select from list of drugs shown):

<b>Patient Name:</b>		
<b>Patient ID:</b>		
<b>Patient DOB:</b>	<b>Patient Phone:</b>	
<b>Prescriber Name:</b>		
<b>Prescriber Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Prescriber Phone:</b>	<b>Prescriber Fax:</b>	
<b>Diagnosis:</b>	<b>ICD Code(s):</b>	

**Please circle the appropriate answer for each question.**

<b><u>B vs D CRITERIA FOR DETERMINATION</u></b>			
1	Is the patient using the requested drug with a nebulizer? [If no, then skip to question 3.]	Yes	No
2	Does the patient have a diagnosis of cystic fibrosis or bronchiectasis (ICD-10 diagnosis codes A15.0, E84.0, J47.0, J47.1, J47.9, Q33.4)? [If yes, then no further questions.]	Yes	No

<b><u>CRITERIA FOR APPROVAL</u></b>			
3	Does the patient have a diagnosis of cystic fibrosis? [If yes, then skip to question 5.]	Yes	No
4	Does the patient have a diagnosis of non-cystic fibrosis bronchiectasis? [If no, then no further questions.]	Yes	No
5	Does the patient meet one of the following criteria: A) Pseudomonas aeruginosa is present in the patient's airway cultures, B) patient has a history of Pseudomonas aeruginosa infection or colonization in the airways?	Yes	No

Comments:	
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By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

<b>Prescriber (or Authorized) Signature:</b> _____	<b>Date:</b> _____
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