ProCare Rx

Pulmozyme® dornase alfa

Ticket #: ____________ Request Date: ____________ Request Time: ____________

PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of **Pulmozyme®** dornase alfa. Based on recent clinical information, we require more information before this prescription can be paid by the patient's health benefit plan. Please fill out the following information and return to us as indicated below:

A. Member Information			
Patient Name:	Plan Name/Plan ID:		
Patient ID:	Patient Date of Birth:	Patient Contact Phone #:	
B. Physician Information			
Physician Name:	Physician Address:		
Physician DEA #:	Physician Phone #:	Physician Fax #:	
Drug Name and Strength:	Direction (SIG):	QTY and Days Supply:	NDC #:
C. Pharmacy Information			
Pharmacy Name:	NABP #:	Pharmacy Phone #:	Pharmacy Fax #:

D. Clinical Information (Please fill out the following information: circle all that apply)

1. Does the patient have a diagnosis of cystic fibrosis? YES NO
2. Is the patient at least 5 years old? YES NO
3. Does the patient have a known hypersensitivity to dornase-alfa or to Chinese Hamster Ovary cell products? YES NO
4. Has the patient used this medication before? (If YES, please go to question #5.) YES NO
5. Has the patient used this medication for longer than 12 months? YES NO

Dosing Recommendation: 2.5mg single use ampule via nebulizer once or twice daily.

Authorized Medical Signature:

Telephone: **Date:**

When Completed Return To:

ProCare PBM Clinical Division, 1267 Professional Parkway, Gainesville, GA 30507
1-866-965-Drug (3784) / Fax # 866-999-7736

**Please note that this form is to be completed by the prescribing physician. This form and its contents are permissible under HIPAA as the protected health information (PHI) contained in this letter is only being used for purposes related to the provision of treatment, payment and healthcare operations (TPO). HIPAA does restrict the communication of PHI with providers for TPO related purposes.

Prior authorization forms are reviewed at least annually and are available at www.procarerx.com. Medical Review Criteria are reviewed at least annually. Revised 09/2015