

Attn: Pharmacy Services  
P.O. Box 30196  
Salt Lake City, UT 84130-0196  
801-442-9988 or 855-442-9988  
Fax: 801-442-0413



**PRIOR AUTHORIZATION FORM**  
Tobi<sup>®</sup>, Tobi Podhaler<sup>®</sup>, Bethkis<sup>®</sup>, Kitabis<sup>™</sup>, Cayston<sup>®</sup>  
(Inhaled Tobramycin, Inhaled Aztreonam)

**Medicare Part B**

**Therapeutic use:** Treatment of cystic fibrosis  
**Quantity Limit:** six 28-day cycles within 12 months  
**Authorization Period:** 12 months

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's ID: \_\_\_\_\_ Patient's Phone #: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Diagnosis Code(s): \_\_\_\_\_

Physician's name: \_\_\_\_\_

Phone #: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Fax #: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervising Physician: \_\_\_\_\_  
(Only required if requesting provider bills under a different provider)

<input type="checkbox"/> Urgent Request (24 hours)	<input type="checkbox"/> Standard Request (72 hours)
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This medication requires a BvsD Determination. Please call 801-442-9988 or Toll Free 855-442-9988, in order to complete this Determination.

Please check "Yes" or "No" and respond to the following requests:

1.	Which medication is being requested? <input type="checkbox"/> Tobi <input type="checkbox"/> Tobramycin for inhalation <input type="checkbox"/> Tobi Podhaler <input type="checkbox"/> Bethkis <input type="checkbox"/> Kitabis <input type="checkbox"/> Cayston		
2.	Is the prescribing physician a pulmonologist or infectious disease specialist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Does the patient have a diagnosis of cystic fibrosis? If no, then list diagnosis: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Has the patient had a positive culture for <i>Pseudomonas aeruginosa</i> at any time in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**This form is intended for SelectHealth Advantage members only. All requests for prior authorization should be sent via fax to 1-801-442-0413. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.**