

Pharmacy Prior Authorization

AETNA BETTER HEALTH NEW JERSEY (MEDICAID)

Inhaled Antibiotics for Cystic Fibrosis (Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to Aetna Better Health New Jersey at **1-855-296-0323**.

When conditions are met, we will authorize the coverage of Inhaled Antibiotics for Cystic Fibrosis (Medicaid).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

**Drug Name (circle drug)**

Tobramycin inhalation solution                      Tobi Podhaler (tobramycin inhalation powder)  
Bethkis (tobramycin inhalation solution)              Kitabis (tobramycin inhalation solution)  
Cayston (aztreonam)  
Other, specify drug \_\_\_\_\_  
Quantity \_\_\_\_\_                      Frequency \_\_\_\_\_                      Strength \_\_\_\_\_  
Route of administration \_\_\_\_\_                      Expected length of therapy \_\_\_\_\_

**Member information**

Member name: \_\_\_\_\_  
Member ID: \_\_\_\_\_  
Member Group No.: \_\_\_\_\_  
Member DOB: \_\_\_\_\_  
Member phone: \_\_\_\_\_

**Prescribing physician**

Physician name: \_\_\_\_\_  
Specialty: \_\_\_\_\_                      NPI number: \_\_\_\_\_  
Physician fax: \_\_\_\_\_                      Physician phone: \_\_\_\_\_  
Physician address: \_\_\_\_\_                      City, state, zip: \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_                      **ICD Code:** \_\_\_\_\_

Circle the appropriate answer for each question.

- 1. Does the member have a diagnosis of cystic fibrosis?                      Y                      N  
    [If no, skip to question 11.]
- 2. Were sputum cultures positive for P. aeruginosa?                      Y                      N  
    [If no, then no further questions.]
- 3. Is the member colonized with Burkholderia cepacia?                      Y                      N

- [If yes, then no further questions.]
4. Is this request for Cayston? Y N
- [If yes, skip to question 7.]
5. Does the member have a Forced Expiratory Volume in one second (FEV1) between 25-80 percent predicted? Y N
- [If no, then no further questions.]
6. Is this request for Tobi Podhaler or Bethkis? Y N
- [If yes, skip to question 9.]
- [If no, skip to question 10.]
7. Does the member have a Forced Expiratory Volume in one second (FEV1) between 25-75 percent predicted? Y N
- [If no, then no further questions.]
8. Do sputum cultures show resistance to tobramycin? Y N
- [If yes, skip to question 10.]
9. Has the member had an inadequate response or intolerable side effect(s) with tobramycin nebulizer solution (generic) and Kitabis? Y N
- [If no, then no further questions.]
10. Is the member's age within the FDA labeling for the requested product (FDA approved age is 6 years and older for tobramycin products and 7 years and older for Cayston)? Y N
- [No further questions.]
11. Does the member have a diagnosis of non-cystic fibrosis bronchiectasis? Y N
- [If no, then no further questions.]
12. Is the request for Cayston? Y N
- [If yes, then no further questions.]
13. Has this plan authorized this medication in the past for this patient (i.e., previous authorization is on file under this plan)? Y N
- [If no, skip to question 15.]

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|---|---|---|
| 14. Is there documentation to support response to therapy?  | Y | N |
| [No further questions.]   |   |   |
| 15. Do sputum cultures or chart notes document the presence of pseudomonas aeruginosa?  | Y | N |
| [If no, then no further questions.]   |   |   |
| 16. Has the member tried formulary alternatives (for example, ciprofloxacin, sulfamethoxazole/trimethoprim) or are formulary alternatives contraindicated for non-cystic fibrosis bronchiectasis? | Y | N |
| [If no, then no further questions.]   |   |   |
| 17. Is the request for tobramycin nebulizer solution (generic for Tobi) or Kitabis?   | Y | N |
| [If yes, then no further questions.]  |   |   |
| 18. Has the member had an inadequate response, or intolerable side effect(s) with tobramycin nebulizer solution (generic) and Kitabis?  | Y | N |

**Comments:**

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I affirm that the information given on this form is true and accurate as of this date.

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**Prescriber (Or Authorized) Signature**

**Date**