



Kaiser Permanente Health Plan of Mid-Atlantic States, Inc.
Antibiotics, Inhaled (Tobi Podhaler) Step Therapy
Pharmacy Benefits Prior Authorization Help Desk
Length of Authorizations: Initial- 1 year; Continuation- 1 year

Instructions:

This form is used by Kaiser Permanente and/or participating providers for coverage of **Antibiotics, Inhaled (Tobi Podhaler)**. Please complete and fax this form back to Kaiser Permanente within 24 hours [fax: 1-866-331-2104]. If you have any questions or concerns, please call 1-866-331-2103. **Requests will not be considered unless this form is complete. The KP-MAS Formulary can be found at: <http://pithelp.appl.kp.org/MAS/formulary.html>**

1 – Patient Information

Patient Name: _____ Kaiser Medical ID#: _____ Date of Birth: _____

2 – Provider Information

Provider Name: _____ Provider NPI: _____

Provider Address: _____

Provider Phone #: _____ Provider Fax #: _____

Please check the boxes that apply:

Initial Request Continuation of Therapy Request

Standard Review (72 hours)

Expedited Review (24 hours): By checking this box, I certify that applying 72 hours standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee’s ability to regain maximum function.

Provider Signature _____

3 – Pharmacy Information

Pharmacy Name: _____ Pharmacy NPI: _____

Pharmacy Phone # _____ Pharmacy Fax #: _____

4 – Drug Therapy Requested

Drug: Name/Strength/Formulation: _____

Sig: _____

5 – Diagnosis

Patient Diagnosis: _____

6 – Clinical Criteria

Is the patient ≥ 6 years old?
 No Yes

Has the patient had a documented trial and failure of a preferred product (listed below)?
 No Yes; Bethkis Kitabis Pak

Please provide the clinical rationale as to why a preferred tobramycin inhalation nebulizer solution cannot be used.

7 – Provider Sign-Off

Additional Information – Please provide any additional information that should be taken into consideration.

I certify that the information provided is accurate. Supporting documentation is available for State audits.

Provider Signature:	Date:
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