



Please complete ALL information below and fax your request to 1-888-671-5285

Ipratropium bromide nebulizer solution Coverage Determination Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:	Office Contact:	
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name: Select one of the following: <input type="checkbox"/> Request is for GENERIC <input type="checkbox"/> Request is for BRAND (unable to take the generic) <input type="checkbox"/> Check if request is for continuation of therapy	Strength:	Dosage Form:
Directions for Use:		

Clinical Information (required)
Select the Type(s) of Coverage Determination Requested: <input type="checkbox"/> Prior Authorization- Request is for a drug that requires prior authorization under the plan.
Select the diagnosis below: <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) [chronic bronchitis, emphysema] <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____
Clinical information: Is the medication being used with a nebulizer? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the medication being used with a metered dose inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the medication being used via a non-nebulized route? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify route of administration: _____ Is the medication being given in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the medication being used in a long term care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.