

# Corticosteroid and Long-Acting Beta-agonist Combination Inhalers Dulera - HAWK-I ONLY

## Prior Authorization Request (Physician to Complete)



Visit [www.wellmark.com](http://www.wellmark.com) for the Wellmark Drug List for current medication tier levels and updated PA Forms

<b>Facsimile Transmittal Sheet</b>		Date: ____/____/____	
To: <u>Wellmark Pharmacy Services</u>		From (Prescriber's Name): _____	
Fax Number: <u>(866) 884-4345</u>		Prescriber's DEA Number: _____	
Phone Number: <u>(800) 600-8065</u>		Prescriber's Phone Number: _____	
Prescriber's Specialty: _____		Prescriber's Fax Number: _____	
Prescriber's Office Address: _____			
Street	Suite #	City	State      Zip
Patient Name: _____			
Patient ID: _____		Patient DOB: ____/____/____	

Please answer the following questions and fax this form back to (866) 884-4345. All fields are REQUIRED.

1. Please provide the diagnosis this therapy has been prescribed for: \_\_\_\_\_

2. Select all inhaled corticosteroids that the patient has tried and failed (from the table below).

Select	Drug Name	Date(s) Tried/Failed	Reason for Discontinuation
<input type="checkbox"/>	Aerobid and Aerobid M		
<input type="checkbox"/>	Alvesco		
<input type="checkbox"/>	Asmanex		
<input type="checkbox"/>	Flovent		
<input type="checkbox"/>	Pulmicort		
<input type="checkbox"/>	Qvar		
<input type="checkbox"/>	Dulera		

**Attach lab results and other documentation as necessary**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient, you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please immediately notify the sender by telephone and destroy this original fax message.