Premier Health Plan

Premier Health Plan
Pharmacy Services
Commercial Phone: 855-266-0713
Exchange Phone: 866-822-2413
Fax: 855-862-6518

DALIRESP
Prior Authorization Form

☐ Standard Request ☐ Expedited Request	If you or your prescriber believe that waiting for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. ***For state exchanges only:*** The above disclaimer applies for exigent circumstances. Expedited review may also be requested when you are undergoing a current course of treatment using a non-formulary drug.

Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

Medication Information

Drug Requested:	Strength:	Directions:	Quantity Dispensed:	Day Supply:
DALIRESP	500mcg Tablet			
☐ New medication ☐ Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.		

Clinical Information

Diagnosis Code:	Date Diagnosed:

Does the member have a diagnosis of severe COPD (Gold stage III or IV)?	☐ Yes ☐ No
Does the member have chronic bronchitis?	☐ Yes ☐ No
Does the member have a history of COPD exacerbation within the past year?	☐ Yes ☐ No
Does the member have severe liver impairment?	☐ Yes ☐ No
Does the member have a diagnosis of depression or on current treatment for depression?	☐ Yes ☐ No
If yes, include documentation of an evaluation by a behavior health provider.	☐ Chart documentation

Please provide any additional information which should be considered in the space below:

www.premierhealthplan.org/Providers/Provider-Manual-and-Resources/Pharmacy-Resources/ Revised: 10/2015

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