

TEXAS HEALTH AND HUMAN SERVICES COMMISSION  
TEXAS MEDICAID/CHIP VENDOR DRUG PROGRAM

*Children with Special Health Care Needs (CSHCN) Services Program*  
**Pulmozyme, Tobramycin, and Cayston Medical Information Form**

***A SEPARATE MEDICAL INFORMATION FORM IS REQUIRED FOR PULMOZYME, TOBRAMYCIN, AND CAYSTON***

**Client's diagnosis and date client was last seen:**

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Place a check by the appropriate statement regarding medical necessity for Pulmozyme or TOBI and supply additional information as needed:

**Pulmozyme**

- The client has a diagnosis of cystic fibrosis and his/her clinical condition warrants a one-year trial of Pulmozyme therapy.
- The client has a diagnosis of cystic fibrosis, the client has previously been treated with Pulmozyme and his/her clinical response warrants continued therapy with Pulmozyme.

**Inhaled Tobramycin (TOBI)**

- The client has a diagnosis of cystic fibrosis, there is documented evidence of pseudomonal colonization of the lungs, and his/her clinical condition warrants a one-year trial of TOBI.
- The client has a diagnosis of cystic fibrosis, there is documented evidence of pseudomonal colonization of the lungs, the client has previously been treated with TOBI, and his/her clinical response warrants continued use of TOBI.

**Cayston**

- The client has a diagnosis of cystic fibrosis and his/her clinical condition warrants a one-year trial of Cayston therapy.

**Additional Comments:**

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<b>Client Name:</b> _____	<b>CSHCN ID#:</b> _____
<b>Address:</b> _____ _____	<b>Date of Birth:</b> _____
	<b>Gender:</b> _____
	<b>Dosage:</b> _____

**PHYSICIAN SECTION MUST BE COMPLETED**

**Please print:** Physician and/or consulting physician must be on CSHCN approved Pulmozyme prescribing physician list.

Physician Name: _____	<b>Consulting</b> Physician Name _____
Physician Address: _____ _____	Date of last <b>consult</b> regarding client _____
Physician Phone: _____	
<b>Physician Signature:</b> _____	<b>Date Signature:</b> _____

**FORM SUBMITTAL INSTRUCTIONS**

Drug Use Review (H-630), HHSC Medicaid/CHIP Vendor Drug Program  
PO Box 85200, Austin, Texas 78708-5200; Fax: 512-491-1962