



## **Clarification to Nebulizer Coverage via Pharmacy**

Effective 10/1/2010, IEHP started providing an alternative pathway for IEHP Members to obtain Small Volume Nebulizers. This notification serves to clarify some of the questions we received regarding access to this new process:

1. Nebulizer coverage continues to be covered under the IPA Durable Medical Equipment (DME) benefit. There has been no change to this IPA risk or responsibility.
2. All current IPA-DME supplier contracts are not affected by this change. IPAs should continue to provide nebulizers via current delivery channels, i.e. dispensing through in-patient hospital or office settings. IPAs should continue to provide adequate DME coverage for Physicians and Members.
3. Availability of Nebulizers via Pharmacy should be considered as an optional delivery channel. This additional channel serves to improve access to Nebulizers for patients who have respiratory illness. The goal of providing additional pharmacy access is to offer more rapid access to medication and reduce ER visits.
4. The diagnosis section on the referral form is eliminated. Nebulizers should be provided for Members who are diagnosed with Asthma, COPD, or when bronchodilators/corticosteroids are indicated.
5. The initial Nebulizer Starter Kit (i.e. tubing and mask) may be provided via Pharmacy (to improve access); all further replacement supplies must be provided through the IPA's contracted DME suppliers.

Please review the delivery option via Pharmacy below:

**Quantity Limitation:** 1 per year

**Two Ways to obtain Nebulizers for IEHP Members via Pharmacy:**

1. Preferred channel: Nebulizer will be sent to the Member directly upon request. Complete and send the referral form to American Surgical Pharmacy (see below);

OR

2. Write a prescription for a Nebulizer and the Member can go to any network pharmacy to obtain the Nebulizer. IEHP will cover the following nebulizers (please put one of the product names onto the prescription):

<b>National Drug Code (NDC)</b>	<b>Product Name</b>
16958-0374-72	DEVILBISS PULMOMATE
16958-0684-58	DEVILBISS PULMO-AIDE
16958-0687-81	DEVILBISS COMPACT

Please complete this form and fax it to: American Surgical Pharmacy  
Fax Number: 909-882-7849

 INLAND EMPIRE HEALTH PLAN  <b>Nebulizer Request Form</b>
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Date: \_\_\_\_\_

<b>Physician Information</b>
Name: _____ NPI: _____
DEA: _____ Physician State License: _____
Physician Office Phone: _____
Physician Office Address: _____ _____

<b>Member Information</b>
Name: _____ DOB: _____
IEHP ID: _____ Contact Phone Number: _____
Address _____ _____

**Nebulizer: PulmoMate NDC: 16958-0684-58**

**Sig: As Directed**

**Signature:** \_\_\_\_\_