



INLAND EMPIRE HEALTH PLAN

## Nebulizer Request Form

<b>Member Name:</b>	<b>Prescriber Name:</b>
<b>DOB:</b>	<b>NPI:</b>
<b>IEHP ID Number:</b>	<b>Office Phone Number:</b>
<b>Phone Number:</b>	<b>Office Fax Number:</b>
<b>Address:</b>	<b>Office Address:</b>

### In-Network Pharmacy Request:

#### Nebulizer Device #1

Sig: Use as directed

#### Please select ONE of the following nebulizer devices:

- |  |  |
|--|--|
| <input type="checkbox"/> Devilbiss Pulmomate Compressor #1<br>NDC #16958-0374-72       | <input type="checkbox"/> Devilbiss Pulmo-Aide Compressor-Nebulizer #1<br>NDC # 16958-0461-99 |
| <input type="checkbox"/> Devilbiss Pulmo-Aide Compressor #1<br>NDC #16958-0462-31      | <input type="checkbox"/> Devilbiss Pulmo-Aide Compact Compressor #1<br>NDC # 16958-0684-58   |
| <input type="checkbox"/> Devilbiss Compact Compressor #1<br>NDC #16958-0687-81         | <input type="checkbox"/> Devilbiss Pulmo-Aide Compressor #1<br>NDC # 16958-0688-64           |
| <input type="checkbox"/> Devilbiss Sunrise Compressor-Nebulizer #1 NDC # 16958-0768-88 |  |
| <input type="checkbox"/> Other _____   |  |

### In-Network MAIL ORDER Pharmacy Request:

#### Nebulizer Device #1

Sig: Use as directed

- Devilbiss Pulmo-Aide Compact Compressor  
NDC # 16958-0684-58

#### Nebulizer Accessories:

Sig: Use as directed

- Mask, Disposable Tubing Kit, and Filter  
#1 each + \_\_\_\_\_ Refills

*\*Note: Accessories are only compatible with Devilbiss models.*

#### Medication Starter Pack Options:

- Albuterol 0.083% #180ml (60 vials) + 0 Refills  
Sig: Use 1 vial via nebulizer QID PRN  
Other sig: \_\_\_\_\_
- Ipratropium 0.02% #150ml (60 vials) + 0 Refills  
Sig: Use 1 vial via nebulizer QID PRN  
Other sig: \_\_\_\_\_
- Budesonide #60ml (30 vials) + 0 Refills  
 0.25mg       0.5mg       1mg  
Sig: Use 1 vial via nebulizer BID  
Other sig: \_\_\_\_\_

**Prescriber Signature:**

**Date:**