AGENTS FOR CYSTIC FIBROSIS PRIOR AUTHORIZATION REQUEST FORM

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Optum Rx®

United Healthcare Community Plan

Today's Date
☐☐ / ☐☐ / ☐☐☐☐

Note: This form must be completed by the prescribing provider.

****All sections must be completed or the request will be returned****

Patient's Medicaid # ☐☐☐☐☐☐☐☐☐☐☐☐	Date of Birth ☐☐ / ☐☐ / ☐☐☐☐
Patient's Name	Prescriber's Name
Prescriber's IN License # ☐☐☐☐☐☐☐☐	Specialty
Prescriber's NPI # ☐☐☐☐☐☐☐☐☐☐	Prescriber's Signature
Return Fax # ☐☐☐ - ☐☐☐ - ☐☐☐☐	Return Phone # ☐☐☐ - ☐☐☐ - ☐☐☐☐
Check box if requesting retro-active PA ☐	Date(s) of service requested for retro-active eligibility (if applicable):

Note: Submit PA requests for retroactive claims (dates of service prior to eligibility determination, but within established eligibility timelines) with dates of service prior to 30 calendar days of submission separately from current PA requests (dates of service 30 calendar days or less and going forward).

Requested Medication	Quantity	Dosing

NOTE: Please submit copy of genetic testing performed for any of the medications being requested below

PA Requirements for ALYFTREK (vanzacaftor/tezacaftor/deutivacaftor):

Member weight: _____

Member is 6 years of age or older ☐ Yes ☐ No

One of the following:

☐ Diagnosis of cystic fibrosis with at least one variant in the CFTR gene that is either responsive based on clinical and/or in vitro data or results in production of CFTR protein

Note: members with hepatic impairment may require dose and/or frequency adjustment

PA Requirements for KALYDECO (ivacaftor):

Member weight: _____

Member is 1 month of age or older ☐ Yes ☐ No

Diagnosis of cystic fibrosis with one mutation in the CFTR gene that is responsive to ivacaftor based on clinical or in vitro data ☐ Yes ☐ No

Member is NOT homozygous for F508del mutation in the CFTR gene ☐ Yes ☐ No

Note: members with hepatic impairment may require dose and/or frequency adjustment

PA Requirements for ORKAMBI (lumacaftor/ivacaftor):

Member weight: _____

Member is 1 year of age or older ☐ Yes ☐ No

Diagnosis of cystic fibrosis with a homozygous F508del mutation of the CFTR gene ☐ Yes ☐ No

Note: members with hepatic impairment may require dose and/or frequency adjustment

PA Requirements for SYMDEKO (tezacaftor/ivacaftor):

Member weight: _____

Member is 6 years of age or older ☐ Yes ☐ No

One of the following:

☐ Diagnosis of cystic fibrosis with a homozygous F508del mutation in the CFTR gene

☐ Diagnosis of cystic fibrosis with at least one mutation in the CFTR gene that is responsive to tezacaftor/ivacaftor based on clinical or in vitro data

Note: members with hepatic impairment may require dose and/or frequency adjustment

PA Requirements for TRIKAFTA (elexacaftor/tezacaftor/ivacaftor):

Member weight: _____

Member is 2 years of age or older ☐ Yes ☐ No

One of the following:

☐ Diagnosis of cystic fibrosis with at least one variant in the CFTR gene that is either responsive based on clinical and/or in vitro data or results in production of CFTR protein

Note: members with hepatic impairment may require dose and/or frequency adjustment