Fax completed form to: (855) 840-1678
If this is an URGENT request, please call (800) 882-4462
(800.88.CIGNA)

Kalydeco (ivacaftor)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed.*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:	* Date of Birth:	
Office Fax:			* Patient Street Address:		
Office Street Address:			City:	State:	Zip:
City:	State:	Zip:	Patient Phone:		

Urgency:
☐ Standard ☐ Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)

Medication requested:
☐ Kalydeco 150mg tablet ☐ Kalydeco 25mg Granules
☐ Kalydeco 50mg Granules ☐ Kalydeco 75mg Granules

Directions for use: Duration of therapy: ICD10:
(if more than 2 packets/tablets per day) Please provide clinical support for requesting this dosing/quantity for your patient (examples could include past doses tried, past medications tried, pertinent patient history, etc).

Is this for a new start or continued therapy with Kalydeco? ☐ new start ☐ continued therapy
Prior to starting the requested medication, which best described your patient?
☐ previously asymptomatic, or have mild clinical manifestations
☐ measurable lung disease or end organ involvement
☐ unknown

(if previously asymptomatic or mild) Has your patient had any clinical decline? Please provide supportive documentation. ☐ Yes ☐ No
(if measurable lung disease or end organ): Has there been documented clinical response (for example, improvement in FEV1, reduced number of pulmonary exacerbations, improvement in body mass index [BMI] or improvement on the patient reported Cystic Fibrosis Questionnaire-Revised respiratory domain score)? Please attach supportive documentation. ☐ Yes ☐ No

Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? ☐ Yes ☐ No

Diagnosis related to use:
☐ Cystic Fibrosis**
☐ CFTR-related disorder (for example, congenital absence of the vas deferens (CAVD), isolated pancreatitis, recurrent sinusitis or bronchitis)
☐ CFTR-related metabolic syndrome, CF Screen Positive, Inconclusive Diagnosis (CRMS/CFSPID)
☐ Other (please specify)
**submit clinical notes and lab results confirming the standard CF diagnostic criteria

Clinical Information:
☐ Attach CFTR gene testing confirming the presence of A455E, A1067T, D110E, D110H, D579G, D1152H, D1270N, E56K, E193K, E831X, F1052V, F1074L, G1069R, G551D, G1244E, G1349D, G178R, G551S, K1060T, L206W, P67L, R74W, R117C, R117H, R347H, R352Q, R1070Q, R1070W, S1251N, S1255P, S549N, S549R, S945L, S977F, 2789+5G→A, 711+3A→G, 3272-26A→G, 3849+10kbC→T mutation.

Is the prescriber of therapy a pulmonologist or a physician who specializes in the treatment of cystic fibrosis OR is therapy being prescribed in consultation with a pulmonologist or a physician who specializes in the treatment of cystic fibrosis? ☐ Yes ☐ No

Will the requested drug be used in combination therapy with Orkambi (lumacaftor/ivacaftor tablets), Symdeko (tezacaftor/ivacaftor), or Trikafta (elexacaftor/tezacaftor/ivacaftor)? ☐ Yes ☐ No

Additional pertinent information: (*please include clinical reasons for drug, relevant lab values, etc.)*

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature:_____ **Date:**_____

Save Time! Submit Online at: www.covermymeds.com/main/prior-authorization-forms/cigna/ or via SureScripts in your EHR.

Our standard response time for prescription drug coverage requests is 5 business days. If your request is urgent, it is important that you call us to expedite the request. View our Prescription Drug List and Coverage Policies online at cigna.com.

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