

Prior Authorization Form Cystic Fibrosis Agents



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If the following information is not complete, correct, or legible, the PA process can be delayed. Use one form per member please.

Nember Name:	Member Information (required)				Prescriber Information (required)					
Member Name:				Provider Name:						
Insurance ID#:				NPI#: DEA #:						
Date of Birth:				Specialty:						
Street Address:				Office Phone: Office Fax:						
City:	State:	Zip:		Office Street Ac	Office Street Address:					
Phone:				City:		State:		Zip:		
				Is the prescribe				D? ☐ Yes	□ No es □ No	
		REQUESTED Cy	stic Fibros	is Agents: CFT	R Potent	iators				
□Alyftrek®	☐ Kalydeco®	☐ Orkambi®	☐ Sym	deko®	☐ Trikaft	a®	STRENGTH:			
DIRECTIONS:							QUANTITY:			
PLEASE INDICATE:	Initial Request (NOTE:	INITIAL PA DURATIO	TON YAM NC	EXCEED 6 MONTI	HS)		Renewal Re	quest		
Clinical Criteria Docun	nentation	*	*** DO NO	include docui	mentation	that is not r	equested or	n this form **	**	
EASE INDICATE THE DI	AGNOSIS FOR WHIC	CH THIS DRUG IS B	BEING REQU	ESTED?						
1 Dationt has a diag										
1. Patient has a diag	gnosis of Cystic Fibrosis	(CF)						□Yes	□N	
	gnosis of Cystic Fibrosis cribed or in consultatio		a Cystic Fibro	sis Center of Exce	ellence or p	ulmonologist?		□Yes	□N	
			•	sis Center of Exce		ulmonologist?				
	cribed or in consultatio		•			ulmonologist?				
 Is the agent press Patient has a CFT 	cribed or in consultatio	n with a provider at	•			ulmonologist?		□Yes	□N	
 Is the agent press Patient has a CFT 	cribed or in consultatio	n with a provider at mutation:	•	equests skip to Q		ulmonologist? □ G	178R	□Yes	□N	
 Is the agent press Patient has a CFT Please indicated G551D G551S 	cribed or in consultation R gene mutation re patient's CFTR gene (G1 S12	n with a provider at mutation: 244E 251N	(Renewal Re	equests skip to Q 349D 255P	uestion 7)	□ G □ S5	549N	□Yes □Yes	□N	
 Is the agent press Patient has a CFT 3a. Please indicated G551D G551S S549R 	ribed or in consultation R gene mutation re patient's CFTR gene G1 G1 R1:	n with a provider at mutation: 244E 251N	(Renewal Re	equests skip to Q	uestion 7)	□ G □ S5 □ O	549N ther – Please	□Yes □Yes	□N	
 Is the agent press Patient has a CFT Patient has a CFT Please indicated G551D G551S S549R Has patient received 	ribed or in consultation R gene mutation re patient's CFTR gene	n with a provider at mutation: 244E 251N 17H	G1: S12 Hoi	e quests skip to Q 349D 255P mozygous F508do	uestion 7)	□ G □ SS □ O	549N ther – Please	□Yes □Yes list:	□N	
 Is the agent press Patient has a CFT Patient has a CFT Please indicated G551D G551S S549R Has patient received 	ribed or in consultation R gene mutation re patient's CFTR gene G1 G1 R1:	n with a provider at mutation: 244E 251N 17H	G1: S12 Hoi	e quests skip to Q 349D 255P mozygous F508do	uestion 7)	□ G □ S5 □ O	549N ther – Please	□Yes □Yes	□N	
 Is the agent press Patient has a CFT Patient has a CFT Please indicated G551D G551S S549R Has patient receives For patients aged 	ribed or in consultation R gene mutation re patient's CFTR gene	n with a provider at mutation: 244E 251N 17H tient received a bas	(Renewal Re	e quests skip to Q 349D 255P mozygous F508do	uestion 7)	□ G □ SS □ O	549N ther – Please	□Yes □Yes list:	□N	
 Is the agent press Patient has a CFT Patient has a CFT Please indicated G551D G551S S549R Has patient receives For patients aged 	ribed or in consultation R gene mutation e patient's CFTR gene	n with a provider at mutation: 244E 251N 17H tient received a bas	(Renewal Re	e quests skip to Q 349D 255P mozygous F508do	uestion 7)	□ G □ SS □ O	549N ther – Please	□Yes □Yes list:	□N	
 Is the agent press Patient has a CFT Patient has a CFT Please indicated G551D G551S S549R Has patient receives For patients aged 	ribed or in consultation R gene mutation e patient's CFTR gene	n with a provider at mutation: 244E 251N 17H tient received a bas	(Renewal Re	e quests skip to Q 349D 255P mozygous F508do	uestion 7)	□ G □ SS □ O	549N ther – Please	□Yes □Yes list:	□N	
 Is the agent press Patient has a CFT Patient has a CFT Please indicated G551D G551S S549R Has patient receives For patients aged 	ribed or in consultation R gene mutation e patient's CFTR gene	n with a provider at mutation: 244E 251N 17H tient received a bas	(Renewal Re	e quests skip to Q 349D 255P mozygous F508do	uestion 7)	□ G □ SS □ O	549N ther – Please	□Yes □Yes list:	□N	

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For Renewal Requests ONLY (complete question 7 and 8):

7.	Has patient received a lung transplant? a. If yes, does the prescriber attest the patient continues to experience non-pulmonary		□Yes	□No
	CF related symptoms (e.g., sinus, gastrointestinal, diabetes, pancreatic).		□Yes	□No
8.	Has the patient had improvement in FEV1, pulmonary exacerbations, or BMI receiving since the req Please indicate which clinical market improved for the patient:	□Yes	□No	
	(If the response is "yes" to any of the following clinical markers below, please provide documenta	tion of the improve	ment.)	
	8a. Stable or improved FEV1	□Yes	□No	
	8b. Decreased pulmonary exacerbations compared to pretreatment baseline	□Yes	□No	
	8c. Improvement in BMI compared to pretreatment baseline	□Yes	□No	
	Prescriber Signature (required)	Date		

(By signature, the Physician confirms the above information is accurate and verifiable by patient records)

Fax this form to: 1-866-434-5523
Phone: 1-866-434-5524
OptumRx will provide a response within 24 hours upon receipt.