



CYSTIC FIBROSIS TREATMENT REQUEST

RETURN TO: ATTN: DRUG PRIOR AUTHORIZATION
MO HEALTHNET DIVISION
PO BOX 4900
JEFFERSON CITY, MO 65102-4900

Please print or type. All information must be supplied or the request will not be processed. For questions call (800) 392-8030. Fax completed form to (573) 636-6470.

Participant Information

Participant Name		Participant MO HealthNet Number
Date of Birth	Age of Participant	Does the Participant have advanced liver disease? <input type="checkbox"/> Yes <input type="checkbox"/> No

Requested Drug Information and Diagnosis

What is the requested drug name, strength and dosing form?

What are the requested directions?

What is the diagnosis for use of this drug?	ICD-10 Code
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What measurable and objective goals do you wish to see in the patient with this drug? (Must have at least one measurable and objective goal. (e.g. fewer hospital admissions, fewer hospital days, fewer exacerbations, % increase in ppFEV₁)

Ensure the below required documentation accompanies this request:

- Genetic testing for cystic fibrosis
- Recent baseline liver enzymes
- Recent base line eye exam to monitor for lens opacities or cataracts (if ages 18 or under)
- Recent baseline pulmonary function test results (if ages 5 years or older)

Orkambi	Currently only indicated in treatment of patients with homozygous F508del Cystic Fibrosis and must be 2 years of age or older.
Symdeko	Currently indicated in treatment of patients with homozygous F508del Cystic Fibrosis and must be 6 years of age or older.
Trikafta	Currently indicated in treatment of patients with at least one F508del mutation and must be 12 years of age or older.
Kalydeco	Currently indicated in treatment of patients with at least one of the following mutations: E56K, G178R, S549R, S977F, F1074L, 2789+5G→A, P67L, E193K, G551D, F1052V, D1152H, 3272-26A→G, R74W, L206W, G551S, K1060T, G1244E, 3849+10kbC→T, D110E, R347H, D579G, A1067T, S1251N, D110H, R352Q, 711+3A→G, G1069R, S1255P, R117C, A455E, E831X, R1070Q, D1270N, R117H, S549N, S945L, R1070W, G1349D and must be 6 months of age or older.

Prescriber Information

Prescriber name and specialty		Prescriber Provider NPI
Prescriber Telephone Number	Prescriber Fax Number	Prescriber Other Contact Info
Name, title and credentials of person completing form		
Telephone Number of person completing form	Fax Number of person completing form	Other contact info of person completing form
Signature of person completing form		Date