

PRIOR AUTHORIZATION REQUEST FORM

Individual and Family Plans

CFTR Modulators

Fax back to: (833) 605-4407 Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process,

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Patient Name:		Prescriber Name:		
Member Number:		Fax: Phone:		
Date of Birth:		Office Contact:		
Line of Business: Ex	change - PA	NPI:	State Lic ID:	
Address:		Address:		
City, State ZIP:		City, State ZIP:		
Primary Phone:		Specialty/facility name (if applicable):		
	EVIEW: By checking this box and signing below, I ility to regain maximum function.	certify that the standard review timefra	ame may seriously jeopardize the life or health of	
Drug Name:				
Strength:				
Directions / SIG:				
Please attach any pertinent medical history including labs and information for this member that may support approval. Please answer the following questions and sign.				
Q1. Is the drug being prescribed by or in consultation with a pulmonologist, endocrinologist, or pediatrician?				
☐ Yes		☐ No		
Q2. Does the patient have a confirmed diagnosis of cystic fibrosis?				
☐ Yes		□ No		
Q3. Has appropriate genetic testing been conducted? Appropriate lab work must be attached.				
☐ Yes		□ No		
Q4. Has baseline liver function (including alanine aminotransferase [ALT], aspartate aminotransferase [AST] and bilirubin) been assessed prior to initiation of treatment? Labs must be attached.				
☐ Yes		□ No		
	STING: For KALYDECO: Doe TR gene that is responsive to	•	•	

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data? For ORKAMBI: Does genetic testing show the patient is homozygous for the F508del mutation in the CFTR gene? For TRIKAFTA: Does genetic testing show the patient has at least one F508del mutation in the CFTR gene or a mutation in the CFTR gene that is responsive based on in vitro data?			
☐ Yes	□ No		
Q6. Additional Information:			
Prescriber Signature	Date		

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