



Cystic Fibrosis Agents (Oral)

Please provide the information below, print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request.

Please FAX responses to: (800) 869-7791. Phone: (855) 322-4082.

Date of Request												
Patient	Date of Birth	Molina ID#										
Pharmacy Name	Pharmacy NPI	Telephone Number	Fax Number									
Prescriber	Prescriber NPI	Telephone Number	Fax Number									
Medication and Strength			Qty/Days Supply									
Directions for Use												
<p>1. Is this request for a continuation of existing therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is there documentation showing any of the following? (check all that apply)</p> <table><tr><td><input type="checkbox"/> Improvement in FEV1</td><td><input type="checkbox"/> Decrease in the decline of lung function</td></tr><tr><td><input type="checkbox"/> Decreased pulmonary exacerbations or infections</td><td><input type="checkbox"/> Decreased hospitalizations</td></tr><tr><td><input type="checkbox"/> Increased weight or growth</td><td></td></tr></table> <p>2. Indicate patient's diagnosis: <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Other. Specify: <input type="text"/></p> <p>3. Will the patient be taking the requested medication simultaneously with a CYP3A4 inducer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what CYP3A4 inducer patient will be taking? <input type="text"/></p> <p>4. Does patient have any of the following (check all that apply):</p> <table><tr><td><input type="checkbox"/> At least one mutation in the CFTR gene that is responsive to ivacaftor (Kalydeco), tezacaftor/ivacaftor (Symdeko), or or elexacaftor/tezacaftor/ivacaftor (Trikafta)</td></tr><tr><td><input type="checkbox"/> At least one F508del CFTR mutation for elexacaftor/tezacaftor/ivacaftor (Trikafta)</td></tr><tr><td><input type="checkbox"/> Homozygous F508del CFTR mutation (2 copies) for lumacaftor/ivacaftor (Orkambi) or tezacaftor/ivacaftor (Symdeko)</td></tr></table> <p>5. Does patient have severe hepatic insufficiency (Child-Pugh class C)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				<input type="checkbox"/> Improvement in FEV1	<input type="checkbox"/> Decrease in the decline of lung function	<input type="checkbox"/> Decreased pulmonary exacerbations or infections	<input type="checkbox"/> Decreased hospitalizations	<input type="checkbox"/> Increased weight or growth		<input type="checkbox"/> At least one mutation in the CFTR gene that is responsive to ivacaftor (Kalydeco), tezacaftor/ivacaftor (Symdeko), or or elexacaftor/tezacaftor/ivacaftor (Trikafta)	<input type="checkbox"/> At least one F508del CFTR mutation for elexacaftor/tezacaftor/ivacaftor (Trikafta)	<input type="checkbox"/> Homozygous F508del CFTR mutation (2 copies) for lumacaftor/ivacaftor (Orkambi) or tezacaftor/ivacaftor (Symdeko)
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6. **For pediatric patients under 18 years of age:** Was there a baseline ophthalmic examination performed to monitor lens opacities/cataracts? Yes No
7. Is this prescribed by or in consultation with a provider who specializes in the treatment of cystic fibrosis? Yes No

CHART NOTES, CFTR GENE MUTATION TESTING AND LABS ARE REQUIRED WITH THIS REQUEST

Prescriber Signature	Prescriber Specialty	Date
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