



Fax completed form to Navitus at: 855-668-8553
For questions, please call: 877-908-6023

TEXAS MEDICAID

Drug Prior Authorization

Cystic Fibrosis Agents: ivacaftor (KALYDECO)

Request Information (required)

This request is:

- Expedited* (Urgent)
- Standard (Non-Urgent)

*Expedited means the standard review time may seriously harm the member's life, health, or ability to regain maximum function.

Member Information (required)

Prescriber Information (required)

Member Name:			Prescriber Name:		
Member Insurance ID #:			NPI # :		Specialty:
Date of Birth:			Office Phone:		
Member Phone:			Office Fax:		
Member Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:

Please fill out the following information:

- Medication Requested (Name):
(Go to #2)

2. Quantity Requested:
(Go to #3)

3. Dose Requested (Strength):
(Go to #4)

4. Dosing Instructions:
(Go to #5)

Required Criteria

5. Provide primary diagnosis including ICD-10 code(s):
(Go to #6)

Clinical Criteria (required)**6. Does the member have a claim for a CYP3A4 inducer in the last 45 days?**

Examples of CYP3A4 inducers include: APTIOM, armodafinil (NUVIGIL), ATRIPLA, BANZEL, bexarotene (TARGETIN), bosentan (TRACLEER), carbamazepine (CARBATROL, EPITOL, EQUETRO, TEGRETOL), clobazam (ONFI, SYMPAZAN), dexamethasone, dicloxacillin, efavirenz (SUSTIVA), INTELENCE, LYSODREN, modafinil (PROVIGIL), nevirapine (VIRAMUNE), ORLISSA, ORKAMBI, oxcarbazepine (TRILEPTAL, OXTELLAR), phenobarbital, phenytoin (DILANTIN, PHENYTEK), PRIFTIN, primidone (MYSOLINE), rifabutin (MYCOBUTIN), rifampin (RIFADIN), RIFATER, SYMFI, TAFINLAR, XERMELO, XTANDI, and ZELBORAF.

Yes (Deny)

(Go to #7)

No

(Go to #7)

7. Does the member have a claim for a strong CYP3A4 inhibitor in the last 45 days?

Examples of strong CYP3A4 inhibitors include: atazanavir (REYATAZ), clarithromycin, CRIXIVAN, EVOTAZ, GENVOYA, INVIRASE, itraconazole (SPORANOX, TOLSURA), KALETRA, ketoconazole, KORLYM, lansoprazole/amoxicillin/clarithromycin, NEFAZODONE, NOXAFIL, omeclamox-pak, PREZCOBIX, PREZISTA, ritonavir (NORVIR), STRIBILD, SYMTUZA, TYBOST, VIEKIRA, VIRACEPT, voriconazole (VFEND), and ZYDELIG.

Yes

(Go to #9)

No

(Go to #8)

8. Does the member have a claim for a moderate CYP3A4 inhibitor in the last 45 days?

Examples of moderate CYP3A4 inhibitors include: AKYNZEO, aprepitant (EMEND), COPIKTRA, CRESEMBA, diltiazem (CARDIZEM, CARTIA, DILT XR, MATZIM, TAZTIA), erythromycin (E.E.S., ERYPED, ERY-TAB, ERYTHROCIN), fluconazole (DIFLUCAN), fosamprenavir (LEXIVA), KISQALI, KISQALI/FEMARA, MULTAQ, PREVYMIS, TASIGNA, trandolapril-verapamil, verapamil (CALAN, VERELAN), XALKORI, and ZYKADIA.

Yes

(Go to #10)

No

(Go to #11)

9. Is the requested quantity greater than (>) nine (9) tablets or packets per claim (two [2] units per week)?

Yes (Deny)

(Go to #10)

No

(Go to #12)

10. Is the requested quantity greater than (>) one (1) tablet or packet per day?

Yes (Deny)

(Go to #11)

No

(Go to #12)

11. Is the requested quantity greater than (>) two (2) tablets or packets per day?

Yes (Deny)

(Go to #12)

No

(Go to #12)

12. Will the member have concurrent therapy with ORKAMBI, SYMDEKO and/or TRIKAFTA?

Yes (Deny)

(Go to #13)

No

(Go to #13)

13. Manual Step - Does the member have a diagnosis of cystic fibrosis with one mutation in the Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) gene that is responsive to ivacaftor (KALYDEKO) based on clinical and/or *in vitro* assay data? If the genotype is unknown, a United States Food and Drug Administration (FDA) cleared cystic fibrosis mutation test should be used to detect the presence of a CFTR mutation.

Yes (Approve - 365 days)

(Go to #14)

No (Deny)

(Go to #14)

Additional Information

14. Please provide any additional information we should consider (or attach any supporting documents):
(END)

Submission Information (required)

Prescriber Signature: _____ **Date:** _____

**** PLEASE FAX COMPLETED FORM TO: 855-668-8553 ****

If criteria not met, submit chart documentation with form citing complex medical circumstances.
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