



TEXAS MEDICAID

Clinical Edit Prior Authorization ivacaftor (KALYDECO)

STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING

Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

STEP 2: COMPLETE REQUIRED CRITERIA

Indicate Primary Diagnosis: _____ ICD 10 Code: _____

1. Is the client greater than or equal to (\geq) 4 months of age?

Yes (Go to #2)
 No (Deny)

2. Does the client have a claim for a CYP3A4 inducer in the last 45 days?

Examples include carbamazepine (CARBATROL, EPITOL, EQUETRO, TEGRETOL), phenobarbital, phenytoin (DILANTIN, PHENYTEK), rifampin (RIFADIN), rifabutin (MYCOBUTIN), and certain HIV treatments (ATRIPLA, nevirapine, SUSTIVA, VIRAMUNE).

Yes (Deny)
 No (Go to #3)

3. Does the client have a claim for a strong CYP3A4 inhibitor in the last 45 days?

Examples include clarithromycin, itraconazole, ketoconazole, posaconazole (NOXAFIL), VIEKIRA, voriconazole (VFEND), and certain HIV treatments (e.g. CRIXIVAN, GENVOYA, INVIRASE, KALETRA, NORVIR, PREZCOBIX, and VIRACEPT).

Yes (Go to #5)
 No (Go to #4)

4. Does the client have a claim for a moderate CYP3A4 inhibitor in the last 45 days?

Examples include EMEND, erythromycin, fluconazole, verapamil, and certain HIV treatments (e.g. LEXIVA and VERELAN).

Yes (Go to #6)
 No (Go to #7)



5. Is the requested quantity greater than (>) 9 tablets or packets per claim (2 units per week)? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #8)
6. Is the requested quantity greater than (>) 1 tablet or packet per day? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #8)
7. Is the requested quantity greater than (>) 2 tablets or packets per day? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #8)
8. Will the client have concurrent therapy with ORKAMBI, SYMDEKO and/or TRIKAFTA? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #9)
9. Does the client have a diagnosis of cystic fibrosis with one mutation in the CFTR gene that is responsive to ivacaftor based on clinical and/or in vitro assay data? If the genotype is unknown, an FDA-cleared cystic fibrosis mutation test should be used to detect the presence of a CFTR mutation [Manual Step] <input type="checkbox"/> Yes (Approve – 365 days) <input type="checkbox"/> No (Deny)
STEP 3: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553
Prescriber Signature: _____ Date: _____

If criteria not met, submit chart documentation with form citing complex medical circumstances.
For questions, please call Navitus Customer Care at 1-877-908-6023.