



TEXAS MEDICAID

Clinical Edit Prior Authorization

elexacaftor/tezacaftor/ivacaftor (TRIKAFTA)

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) 6 years of age?
 Yes (Go to #2) No (Deny)

2. Does the client have a diagnosis of cystic fibrosis and at least one F508del mutation in the CFTR gene OR a mutation in the CFTR gene that is responsive to elexacaftor/tezacaftor/ivacaftor based on in vitro 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]
 Yes (Go to #3) No (Deny)

3. Does the client have a diagnosis of severe hepatic impairment in the last 365 days?
 Yes (Deny) No (Go to #4)

4. Does the client have a claim for a CYP3A4 inducer in the last 45 days?
 Examples include APTIOM, armodafinil (NUVIGIL), BANZEL, bexarotene (TARGRETIN), bosentan (TRACLEER), carbamazepine (CARBATROL, EPITOL, EQUETRO, TEGRETOL), clobazam (ONFI, SYMPAZAN), dexamethasone, dicloxacillin, LYSODREN, modafinil (PROVIGIL), ORILISSA, ORKAMBI, oxcarbazepine (OXTELLAR XR, TRILEPTAL), phenobarbital, phenytoin (DILANTIN, PHENYTEK), primidone (MYSOLINE), PRIFTIN, rifampin (RIFADIN), rifabutin (MYCOBUTIN), TAFINLAR, XTANDI, ZELBORAF, and certain HIV treatments (ATRIPLA, EFAVIRENZA, INTELENCE, nevirapine, SUSTIVA, SYMFI, SYMFI LO, VIRAMUNE).
 Yes (Deny) No (Go to #5)



5. Is the requested quantity greater than (>) 84 tablets per 28 days?

Yes (Deny)

No (Go to #6)

6. Will the client have concurrent therapy with KALYDECO, ORKAMBI or SYMDEKO?

Yes (Deny)

No (Approve – 365 days)

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.