

## Kalydeco® Coverage Determination Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		Office Contact:
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information <small>(required)</small>		
Medication Name: Select one of the following: <input type="checkbox"/> Request is for <b>GENERIC</b> <input type="checkbox"/> Request is for <b>BRAND</b> (unable to take the generic)		Strength:
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>		Dosage Form:
		Directions for Use:

Clinical Information <small>(required)</small>
<b>Select the Type of Coverage Determination Requested:</b> <input type="checkbox"/> <b>Prior Authorization</b> - Request is for a drug that requires prior authorization under the plan.
<b>Select the medication being requested:</b> <input type="checkbox"/> Kalydeco oral granules <input type="checkbox"/> Kalydeco tablets
<b>Select the diagnosis below:</b> <input type="checkbox"/> Cystic fibrosis (CF) <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____
<b>Clinical Information:</b> Is there documentation of one mutation in the CFTR gene that is responsive to ivacaftor (Kalydeco) based on clinical and/or in vitro assay data? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> Was the presence of the mutation documented by an FDA-cleared cystic fibrosis mutation test to detect the presence of a CFTR mutation and followed by verification with bi-directional sequencing when recommended by the mutation test instructions? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?**

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Please note: This request may be denied unless all required information is received.