

# Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  **Commercial (Traditional)**  **Commercial Individual (Optimized)**  
 **Medicaid**

This request is:  **Urgent** (life threatening)  **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Kalydeco<sup>®</sup> (ivacaftor)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product Information

New request  Continuation request

Drug product:  Kalydeco 150 mg tablet  Kalydeco 75 mg oral granules  Kalydeco 50 mg oral granules  
 Start date (or date of next dose): \_\_\_\_\_  
 Date of last dose (if applicable): \_\_\_\_\_  
 Dosing frequency: \_\_\_\_\_

### Drug cost information

The wholesale acquisition cost for each Kalydeco tablet is \$426.72. The annual cost of treatment with this drug is more than \$311,500.

### Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must be used for treatment of cystic fibrosis, and
2. Must have laboratory confirmation for any one of the approved mutations in the CFTR gene
3. Formulation requested must match FDA label for age (1 to 5 years for the oral granules and at least 6 years for the oral tablet)

**Note:** Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

### Priority Health Precertification Documentation

#### A. What is the patient's diagnosis?

Cystic fibrosis  
 Other: \_\_\_\_\_  
 Rationale for use: \_\_\_\_\_

**B. Which of the following mutations does the patient have? (please fax laboratory confirmation)**

- |                                     |                                       |                                 |                                    |
|-------------------------------------|---------------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> E56K       | <input type="checkbox"/> F1052V       | <input type="checkbox"/> L206W  | <input type="checkbox"/> S1251N    |
| <input type="checkbox"/> A1067T     | <input type="checkbox"/> F1074L       | <input type="checkbox"/> P67L   | <input type="checkbox"/> S1255P    |
| <input type="checkbox"/> A455E      | <input type="checkbox"/> G1069R       | <input type="checkbox"/> R1070Q | <input type="checkbox"/> S549N     |
| <input type="checkbox"/> D110E      | <input type="checkbox"/> G1244E       | <input type="checkbox"/> R1070W | <input type="checkbox"/> S549R     |
| <input type="checkbox"/> D110H      | <input type="checkbox"/> G1349D       | <input type="checkbox"/> R117C  | <input type="checkbox"/> S945L     |
| <input type="checkbox"/> D1152H     | <input type="checkbox"/> G178R        | <input type="checkbox"/> R117H  | <input type="checkbox"/> S977F     |
| <input type="checkbox"/> D1270N     | <input type="checkbox"/> G551D        | <input type="checkbox"/> R347H  | <input type="checkbox"/> E831X     |
| <input type="checkbox"/> D579G      | <input type="checkbox"/> G551S        | <input type="checkbox"/> R352Q  | <input type="checkbox"/> 711+3A→G  |
| <input type="checkbox"/> E193K      | <input type="checkbox"/> K1060T       | <input type="checkbox"/> R74W   | <input type="checkbox"/> 2789+5G→A |
| <input type="checkbox"/> 3272-26A→G | <input type="checkbox"/> 3849+10kbC→T |                                 |                                    |
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