



Kalydeco

Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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SECTION A Please answer the following questions

1. Yes No Is the diagnosis or indication for the treatment of cystic fibrosis (CF)?
2. Yes No Is the member's genotype known?
3. Yes No Will an FDA-cleared CF mutation test be used to detect the presence of a CFTR mutation, followed by verification with bi-directional sequencing when recommended by the mutation test instructions for use?
4. Yes No Does the member have one mutation in the cystic fibrosis transmembrane conductance (CFTR) gene that is responsive to ivacaftor potentiation?
5. Yes No Is the member homozygous for the F508del mutation in the CFTR gene?
6. Yes No Will Kalydeco be used concomitantly with strong CYP3A inducers (e.g., rifampin, St. John's Wort, etc.)?
7. Yes No Is the prescription written or recommended by a Pulmonologist?
8. Yes No Does the member have baseline liver function tests (AST, ALT) performed prior to the initiation of Kalydeco?
9. Yes No Is the member's age 1 month of older?

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>