



Orkambi

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](mailto: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:
-------------	------------

#### SECTION A

Please answer the following questions

1. ☐ Yes ☐ No Is the indication or diagnosis for the treatment of cystic fibrosis (CF)?
2. ☐ Yes ☐ No Is the member homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene (meaning the member has two copies of the F508del mutation)?
3. ☐ Yes ☐ No Is the presence of the F508del mutation on both alleles of the CFTR gene confirmed by an FDA cleared CF mutation test?
4. ☐ Yes ☐ No Will Orkambi be used concomitantly with strong CYP3A inducers (e.g., rifampin, etc.)?
5. ☐ Yes ☐ No Will Orkambi be used concomitantly with ivacaftor (Kalydeco)?
6. ☐ Yes ☐ No Is the member at least 1 year of age?
7. ☐ Yes ☐ No Is the prescription written or recommended by a pulmonologist?
8. ☐ Yes ☐ No Will baseline liver function tests (AST, ALT, bilirubin) be performed prior to the initiation of Orkambi?

***If Yes, please document lab values:***

---

---

---

***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>