



Orkambi (lumacaftor/ivacaftor)

Fax completed form to: (855) 840-1678
If this is an URGENT request, please call (800) 882-4462
(800.88.CIGNA)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed.*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:	* Date of Birth:	
Office Fax:			* Patient Street Address:		
Office Street Address:			City:	State:	Zip:
City:	State:	Zip:	Patient Phone:		

Urgency:

- Standard Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)

Medication requested: (please specify name, strength, and dosing schedule)

ICD10:

- Orkambi 100mg-125mg tablets Orkambi 200mg-125mg tablets
 Orkambi 100mg-125mg granule packets Orkambi 150mg-188mg granule packets
 Other

Directions for use:

Quantity requested:

Duration of therapy:

(if age 2-5 years old) What is your patient's current weight? _____ kg/lb

If more than 4 tablets per day OR 2 granule packets per day, please provide clinical support for requesting this DOSING for your patient (examples include past medications tried, pertinent patient history, etc).

Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? Yes No

Diagnosis related to use:

- cystic fibrosis (CF)
 CFTR-related disorder (for example, congenital absence of the vas deferens (CAVD), isolated pancreatitis, recurrent sinusitis or bronchitis)
 CFTR-related metabolic syndrome, CF Screen Positive, Inconclusive Diagnosis (CRMS/CFSPID)
 Other (please specify):

Clinical Information:

****This drug requires supportive documentation (i.e. genetic testing, chart notes, lab/test results, etc). Supportive documentation for all answers must be attached with this request.**

Is the prescriber of therapy a pulmonologist or a physician who specializes in the treatment of cystic fibrosis OR is therapy being prescribed in consultation with a pulmonologist or a physician who specializes in the treatment of cystic fibrosis? Yes No

Will Orkambi be used in combination therapy with Kalydeco (ivacaftor), Symdeko (tezacaftor/ivacaftor), or Trikafta (elexacaftor/tezacaftor/ivacaftor)? Yes No

Does your patient have 2 copies (homozygosity) of the F508del mutation (as documented by either the lab report OR report from the Cystic Fibrosis Foundation Patient Registry or Mutation Analysis Program)? Yes No

Is this for new start or continuation of therapy? new start continued therapy

(if continued therapy) Prior to starting the requested medication, which best described your patient?

- previously asymptomatic, or have mild clinical manifestations
 measurable lung disease or end organ involvement

(if previously asymptomatic or mild manifestations) Has your patient had any clinical decline? Please provide supportive documentation. Yes No

(if measurable disease or end organ involvement) Does your patient have documented clinical response to Orkambi (for example, stabilization or improvement in FEV1, reduced number of pulmonary exacerbations, improvement in body mass index [BMI], or improvement on the patient reported Cystic Fibrosis Questionnaire-Revised respiratory domain score)? Yes No

Additional pertinent information: *(please include clinical reasons for drug, relevant lab values, etc.)*

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

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Our standard response time for prescription drug coverage requests is 5 business days. If your request is urgent, it is important that you call us to expedite the request. View our Prescription Drug List and Coverage Policies online at cigna.com.

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