MOLINA HEALTHCARE

Cystic Fibrosis Agents (Oral)

Please provide the information below, print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request.
Please FAX responses to: (800) 869-7791. Phone: (800) 213-5525, Option 1-2-2.

Date of Request			
Patient	Date of Birth	Molina ID#	
Pharmacy Name	Pharmacy NPI	Telephone Number	Fax Number
Prescriber	Prescriber NPI	Telephone Number	Fax Number
Medication and Strength			Qty/Days Supply
Directions for Use			

1. Is this request for a continuation of existing therapy? ☐ Yes ☐ No
   If yes, is there documentation showing any of the following?
   (check all that apply)
   - ☐ Improvement in FEV1
   - ☐ Decrease in the decline of lung function
   - ☐ Decreased pulmonary exacerbations or infections
   - ☐ Decreased hospitalizations
   - ☐ Increased weight or growth
2. Indicate patient's diagnosis:
   - ☐ Cystic Fibrosis
   - ☐ Other. Specify: _____
3. Will the patient be taking the requested medication simultaneously with a CYP3A4 inducer? ☐ Yes ☐ No
   If yes, what CYP3A4 inducer patient will be taking? _____
4. Does patient have any of the following (check all that apply):
   - ☐ At least one mutation in the CFTR gene that is responsive to ivacaftor (Kalydeco), tezacaftor/ivacaftor (Symdeko), or or elexacaftor/tezacaftor/ivacaftor (Trikafta)
   - ☐ At least one F508del CFTR mutation for elexacaftor/tezacaftor/ivacaftor (Trikafta)
   - ☐ Homozygous F508del CFTR mutation (2 copies) for lumacaftor/ivacaftor (Orkambi) or tezacaftor/ivacaftor (Symdeko)
5. Does patient have severe hepatic insufficiency (Child-Pugh class C)? ☐ Yes ☐ No

6. **For pediatric patients under 18 years of age:** Was there a baseline ophthalmic examination performed to monitor lens opacities/cataracts? ☐ Yes ☐ No

7. Is this prescribed by or in consultation with a provider who specializes in the treatment of cystic fibrosis? ☐ Yes ☐ No

CHART NOTES, CFTR GENE MUTATION TESTING AND LABS ARE REQUIRED WITH THIS REQUEST

Prescriber Signature	Prescriber Specialty	Date