



# Texas Standard Prior Authorization Form Addendum

Kalydeco (ivacaftor) / Orkambi (lumacaftor/ivacaftor)

In addition to the **Texas Standard Prior Authorization Request Form for Prescription Drug Benefits**, please complete the information below. This information is essential to processing the prior authorization for the selected drug. Incomplete forms or failure to submit this addendum may cause delays in patient care and/or prior authorization denial. Please fax the completed **Standard Prior Authorization Request Form** and **Addendum** to (866) 469-8590 for fee-for-service patients. If the patient is enrolled in managed care, please contact the appropriate health plan for forms and instructions.

## Section I — Patient Information

Name	Medicaid ID	DOB
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## Section II — Prescriber Information

Name	NPI	Phone
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## Section III — Medication Information

1. Does the patient have a gene mutation of A1067T, A455E, D110E, D110H, D1152H, D1270N, D579G, E193K, E56K, F1052V, F1074L, G1069R, G1244E, G1349D, G178R, G551D, G551S, K1060T, L206W, P67L, R1070Q, R1070W, R117C, R117H, R347H, R352Q, R74W, S1251N, S1255P, S549N, S549R, S945L, or S977F?

- Yes, identify gene mutation(s): \_\_\_\_\_
- No

2. Does the patient have a gene mutation of F508del?

- Yes
- No

## Section IV — Review

Expedited/Urgent Review Requested

By checking this box and signing below, I certify that applying the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Signature of Prescriber or Prescriber's Designee

Date

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