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

Trikafta (elexacaftor/tezacaftor/ivacaftor)

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:
☐ Trikafta 100mg-50mg-75mg (day)/150mg (night):

Directions for use: Dose: Quantity:

Duration of therapy: ICD10:

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

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy** *(Cigna's nationally preferred specialty pharmacy)*
☐ Physician's office stock
☐ Home Health / Home Infusion vendor (name):
CPT Code(s):____
☐ Ambulatory Infusion Center
☐ Hospital - In patient
☐ Hospital - Out patient
☐ Other *(please specify)*:

Facility and/or doctor dispensing and administering medication:
Facility Name: State: Tax ID#:
Address (City, State, Zip Code):

Diagnosis related to use:
☐ cystic fibrosis
☐ 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 this for new start or continuation of therapy? ☐ new start ☐ continued therapy
(if continued therapy) Which of the following best describes your patient?
☐ My patient already has measureable lung disease or end organ involvement
☐ My patient was previously asymptomatic, or has mild clinical manifestations

(if measureable lung disease or end organ involvement) Does your patient have documentation of beneficial clinical response (for example, improvement in, stabilization of, or a decrease in the rate of decline of 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
(if asymptomatic or mild) Is there evidence of clinical decline? ☐ Yes ☐ No
Does your patient have at least ONE copy of the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene? ☐ Yes ☐ No

Will this drug be used in combination with Orkambi (lumacaftor/ivacaftor), Kalydeco (ivacaftor), or Symdeko (ivacaftor/tezacaftor)?
☐ Yes ☐ No

Is this drug being prescribed by, or in consultation with, a pulmonologist or a physician who specializes in the treatment of cystic fibrosis?
☐ Yes ☐ No

Additional Pertinent Information: *(including disease stage, prior therapy, performance status, and names/doses/admin schedule of any agents to be used concurrently):*

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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