



**BlueCross  
BlueShield**

**Federal Employee Program. SYMDEKO  
PRIOR APPROVAL REQUEST**

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:  
Service Benefit Plan  
Prior Approval  
P.O. Box 52080 MC 139  
Phoenix, AZ 85072-2080  
Attn. Clinical Services  
Fax: 1-877-378-4727

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R			Physician Signature:		
<b>PHYSICIAN COMPLETES</b>						

**Symdeko**

(tezacaftor and ivacaftor)

**\*\*Check [www.fepblue.org/formulary](http://www.fepblue.org/formulary) to confirm which medication is part of the patient's benefit**

**NOTE: Form must be completed in its **entirety** for processing**

Is this request for brand or generic? ☐ Brand ☐ Generic

How many tablets will the patient need for an 84-day supply? \_\_\_\_\_ tablet(s) per 84 days

Dosing directions: \_\_\_\_\_

1. What is the patient's diagnosis?

☐ Cystic Fibrosis (CF)

☐ Other diagnosis (*please specify*): \_\_\_\_\_

2. Will Symdeko be used in combination with another \*cystic fibrosis transmembrane conductance regulator (CFTR) potentiator? ☐ Yes\* ☐ No

**\*If YES, please specify the medication:** \_\_\_\_\_

**\*CFTR Potentiators: Kalydeco (ivacaftor), Orkambi (ivacaftor/lumacaftor), and Trikafta (ivacaftor/tezacaftor/elexacaftor)**

3. Has the patient been on Symdeko continuously for the last **4 months, excluding samples**? *Please select answer below:*

☐ **NO** – this is **INITIATION** of therapy, please answer the following questions:

a. Is the patient homozygous for the *F508del* mutation in the CFTR gene? ☐ Yes ☐ No

b. Does the patient have a \*CFTR gene mutation responsive to Symdeko? ☐ Yes ☐ No

**\*See Page 2 for a list of CFTR gene mutations that are responsive to Symdeko**

c. What is the pretreatment percent predicted forced expiratory volume (ppFEV<sub>1</sub>)? \_\_\_\_\_ ☐ Unknown

d. Have baseline levels of ALT, AST, and bilirubin been obtained? ☐ Yes\* ☐ No

**\*If YES, will the patient's ALT, AST, and bilirubin levels be tested every three months for the first year?** ☐ Yes ☐ No

e. Has Symdeko been prescribed by a pulmonologist or gastroenterologist? ☐ Yes ☐ No

☐ **YES** – this is a PA renewal for **CONTINUATION** of therapy, please the following questions:

a. Has the patient been stable, or has there been an improvement of percent predicted forced expiratory volume (ppFEV<sub>1</sub>) from the baseline? ☐ Yes ☐ No

b. Will the patient have annual testing of their ALT, AST, and bilirubin levels after the first year of therapy? ☐ Yes ☐ No

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**CFTR Gene Mutations that are Responsive to Symdeko**

<i>546insCTA</i>	<i>E92K</i>	<i>G576A</i>	<i>L346P</i>	<i>R117G</i>	<i>S589N</i>
<i>711+3A→G</i>	<i>E116K</i>	<i>G576A; R668C †</i>	<i>L967S</i>	<i>R117H</i>	<i>S737F</i>
<i>2789+5G→A</i>	<i>E193K</i>	<i>G622D</i>	<i>L997F</i>	<i>R117L</i>	<i>S912L</i>
<i>3272-26A→G</i>	<i>E403D</i>	<i>G970D</i>	<i>L1324P</i>	<i>R117P</i>	<i>S945L</i>
<i>3849+10kbC→T</i>	<i>E588V</i>	<i>G1069R</i>	<i>L1335P</i>	<i>R170H</i>	<i>S977F</i>
<i>A120T</i>	<i>E822K</i>	<i>G1244E</i>	<i>L1480P</i>	<i>R258G</i>	<i>S1159F</i>
<i>A234D</i>	<i>E831X</i>	<i>G1249R</i>	<i>M152V</i>	<i>R334L</i>	<i>S1159P</i>
<i>A349V</i>	<i>F191V</i>	<i>G1349D</i>	<i>M265R</i>	<i>R334Q</i>	<i>S1251N</i>
<i>A455E</i>	<i>F311del</i>	<i>H939R</i>	<i>M952I</i>	<i>R347H</i>	<i>S1255P</i>
<i>A554E</i>	<i>F311L</i>	<i>H1054D</i>	<i>M952T</i>	<i>R347L</i>	<i>T338I</i>
<i>A1006E</i>	<i>F508C</i>	<i>H1375P</i>	<i>P5L</i>	<i>R347P</i>	<i>T1036N</i>
<i>A1067T</i>	<i>F508C; S1251N †</i>	<i>I148T</i>	<i>P67L</i>	<i>R352Q</i>	<i>T1053I</i>
<i>D110E</i>	<i>F508del ^</i>	<i>I175V</i>	<i>P205S</i>	<i>R352W</i>	<i>V201M</i>
<i>D110H</i>	<i>F575Y</i>	<i>I336K</i>	<i>Q98R</i>	<i>R553Q</i>	<i>V232D</i>
<i>D192G</i>	<i>F1016S</i>	<i>I601F</i>	<i>Q237E</i>	<i>R668C</i>	<i>V562I</i>
<i>D443Y</i>	<i>F1052V</i>	<i>I618T</i>	<i>Q237H</i>	<i>R751L</i>	<i>V754M</i>
<i>D443Y; G576A; R668C †</i>	<i>F1074L</i>	<i>I807M</i>	<i>Q359R</i>	<i>R792G</i>	<i>V1153E</i>
<i>D579G</i>	<i>F1099L</i>	<i>I980K</i>	<i>Q1291R</i>	<i>R933G</i>	<i>V1240G</i>
<i>D614G</i>	<i>G126D</i>	<i>I1027T</i>	<i>R31L</i>	<i>R1066H</i>	<i>V1293G</i>
<i>D836Y</i>	<i>G178E</i>	<i>I1139V</i>	<i>R74Q</i>	<i>R1070Q</i>	<i>W1282R</i>
<i>D924N</i>	<i>G178R</i>	<i>I1269N</i>	<i>R74W</i>	<i>R1070W</i>	<i>Y109N</i>
<i>D979V</i>	<i>G194R</i>	<i>I1366N</i>	<i>R74W; D1270N †</i>	<i>R1162L</i>	<i>Y161S</i>
<i>D1152H</i>	<i>G194V</i>	<i>K1060T</i>	<i>R74W; V201M †</i>	<i>R1283M</i>	<i>Y1014C</i>
<i>D1270N</i>	<i>G314E</i>	<i>L15P</i>	<i>R74W; V201M; D1270N †</i>	<i>R1283S</i>	<i>Y1032C</i>
<i>E56K</i>	<i>G551D</i>	<i>L206W</i>	<i>R75Q</i>	<i>S549N</i>	
<i>E60K</i>	<i>G551S</i>	<i>L320V</i>	<i>R117C</i>	<i>S549R</i>	
^ A patient must have two copies of the <i>F508del</i> mutation or at least one copy of a responsive mutation presented above to be indicated.					
† Complex/compound mutations where a single allele of the <i>CFTR</i> gene has multiple mutations; these exist independent of the presence of mutations on the other allele.					



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<b>Electronically Online (ePA)</b> <b>Results in 2-3 minutes FASTEST AND EASIEST</b>	Now you can get responses to drug Prior Authorization requests <b>securely</b> online. <b>Online</b> submissions may receive <b>instant</b> responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to <b>Caremark.com/ePA</b> .
<b>Phone</b> <b>(4-5 minutes for response)</b>	The FEP Clinical Call Center can be reached at <b>(877)-727-3784</b> between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.
<b>Fax</b> <b>(3-5 days for response)</b>	Fax the attached form to <b>(877)-378-4727</b> . Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. <b><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></b>

<b>faster... easier... better...</b>	Introducing ePA! Online Prior Authorizations in minutes through <b>Caremark.com/ePA</b> . Sign up today!
	<b>CVS/caremark</b> 