

AETNA BETTER HEALTH® OF VIRGINIA REQUEST FORM

DUR MEDICATION SYMDEKO®

Fax back to: 1-855-799-2553

If the following information is not complete, correct, or legible, the PA process can be delayed. Please use one form per member.

MEMBER INFORMATION

Last Name: _____

First Name: _____

Medicaid ID Number: _____

Date of Birth: _____

Gender: Male Female

Weight in Kilograms: _____

PRESCRIBER INFORMATION

Last Name: _____

First Name: _____

NPI Number: _____

Phone Number: _____

Fax Number: _____

DRUG INFORMATION

Drug Name/Form: _____

Strength: _____

Dosing Frequency: _____

Length of Therapy: _____

Quantity per Day: _____

(Form continued on next page.)

Member's Last Name:

Member's First Name:

DIAGNOSIS AND MEDICAL INFORMATION

SYMDEKO® – to receive a ONE (1) year approval for this drug, complete the following questions.

1. Does the member have a diagnosis of cystic fibrosis? **AND**
 Yes No
2. Is the member 6 years or older? **AND**
 Yes No
3. Is the member homozygous for the *F508del* mutation in the CFTR gene as confirmed by a FDA-cleared CF mutation test? *Documentation required – include a copy of the test with this fax.* **OR**
 Yes No
4. Does the member have 1 of the following mutations in the CFTR gene as confirmed by a FDA-cleared CF mutation test: E56K, P67L, R74W, D110E, D110H, R117C, E193K, L206W, R347H, R352Q, A455E, D579G, 711+3A→G, E831X, S945L, S977F, F1052V, K1060T, A1067T, R1070W, F1074L, D1152H, D1270N, 2789+5G→A, 3272-26A→G, or 3849+10kbC→T? *Documentation required – include a copy of the test with this fax.* **AND**
 Yes No
5. Has baseline ALT and AST testing been done? *Documentation required – include a copy of the test with this fax.*
 Yes No

For renewal, liver function testing (LFT) documentation is required.

Prescriber Signature (Required)

Date

By signature, the Physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; Incomplete forms will delay the PA process.

Submission of documentation does NOT guarantee coverage.