

Available Drug List – Cystic Fibrosis

CFTR MODULATORS

Kalydeco (*ivacaftor*)
Orkambi (*lumacaftor/ivacaftor*)
Symdeko (*tezacaftor/ivacaftor*)
Trikafta (*elixacaftor/tezacaftor/ivacaftor*)

INHALED ANTIBIOTICS/PRODUCTS

Bethkis (*tobramycin*)
Cayston (*aztreonam*)
Kitabis Pak (*tobramycin*)
Pulmozyme (*dornase alfa*)
Tobi (*tobramycin*)
Tobi Podhaler
Mix at home inhaled antibiotics (amikacin, ceftazidime, colistimethate, gentamicin, meropenem, tobramycin, and vancomycin)

MEDICAL EQUIPMENT *

Altera Nebulizer/Handset
eRapid Nebulizer/Handset
Nebulizer Masks
Pari LC Plus Nebulizer Kit
Pari LC Sprint
Pari LC Sprint Sinus
Pari LC Star
Vortex Holding Chamber/Mask

ENZYMES

Creon
Pancreaze
Pertzye
Viokace
Zenpep

IMMUNOSUPPRESSION

CellCept (*mycophenolate*)
Cyclosporine
Prograf (*tacrolimus*)

OTHER SPECIALTY PRODUCTS

See AcariaHealth Drug List

If you are seeking a drug that is not listed, please contact your Account Executive.

**Patients can receive medical equipment if they are receiving inhaled drug therapy from Foundation Care.*

Submitting Prescriptions

We are committed to providing quality care to your patients. Our specialty pharmacy utilizes ePrescribing to ensure an efficient and accurate submission process, and accepts referrals via phone call and fax. Please take the following steps to submit a prescription:

Step One: Collect All Patient Records

Patient Demographic Sheet

- > Preferred and alternate method of communication
- > Preferred language
- > HIPPA authorizations

Insurance Coverage Details

- > Front and back copy of insurance card
- > If Medicare patient, include copy of Part D card

Clinical Notes

- > All ICD-10 codes and latest chart notes signed by physician
- > Current medication list (include dose and if in combination with another)
- > Past and failed medication list (include dose and duration)
- > Drug allergies

Step Two: Select Your Preferred Submission Method



ePrescribe

- > Find Foundation Care in your electronic medical record (EMR) system
- > List drug name, strength, and dosage
- > Include prescription date, quantity prescribed, and number of refills
- > Indicate if this is the first dose and if there is a loading/starting dose
- > Attach all collected patient records to submission



Phone Call

- > Dial **877.291.1122** to speak directly to our pharmacists
- > State drug name, strength, and dosage
- > Include prescription date, quantity prescribed, and number of refills
- > Indicate if this is the first dose and if there is a loading/starting dose
- > Send all collected patient records via fax to 877.291.1155



Fax

- > Download and complete the appropriate referral form on our website
- > Send completed referral form and all collected patient records via fax to **877.291.1155**



Download our referral forms:
ahrx.co/FC-referrals

Step Three: Let Us Help You With The Rest

Financial Coverage

- > Please complete and send all insurance paperwork to us via fax to 877.291.1155. Do not submit any information to the patient's insurance directly — we will submit on the patient's behalf. If copay assistance is needed, we will find copay cards, foundations, and pharmaceutical programs to help obtain the lowest copay possible. There are times when it is necessary to get the patient's approval to do this on their behalf. In some instances, patients are required to submit requests themselves due to necessary income eligibility requirements and other sensitive personal information.

Prior Authorization

- > We can assist with prior authorization for most insurance plans. Once obtained, we will complete and send to you for a prescriber signature. If an order must be filled by a different contracted pharmacy, we will triage the prescription and keep you informed via fax or email. If you receive a denial letter from the patient's insurance, please fax it to Foundation Care at 877.291.1155. We will review and draft an appeal letter for the provider.*

Medication Delivery

- > Upon approval of prior authorization, we will notify you via fax or phone call. We will contact the patient to schedule delivery at no charge and will deliver to their home or your office, as requested by you. Patients will receive a welcome kit on their first delivery that guides them through the process of getting started with our pharmacy. Refills can be processed through the online patient portal or text service program.

*Foundation Care cannot write an appeal letter for Centene owned companies.