



PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 5/17/18
LAST REVIEW DATE: 11/21/19
LAST CRITERIA REVISION DATE: 11/21/19
ARCHIVE DATE:

CYSTIC FIBROSIS THERAPY AGENTS:
KALYDECO® (ivacaftor) oral pack and tablet
ORKAMBI™ (lumacaftor/ivacaftor) oral granules and tablet
SYMDEKO™ (tezacaftor/ivacaftor) oral tablet therapy pack
TRIKAFTA™ (elixacaftor/tezacaftor/ivacaftor) oral tablet

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.



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Precertification for medication(s) or product(s) indicated in this guideline requires completion of the [request form](#) in its entirety with the chart notes as documentation. **All requested data must be provided.** Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. **Incomplete forms or forms without the chart notes will be returned.**

Criteria:

- **Criteria for initial therapy:** Kalydeco (ivacaftor), Orkambi (lumacaftor-ivacaftor), Symdeko (tezacaftor-ivacaftor), and Trikafta (elexacaftor-tezacaftor-ivacaftor) is considered **medically necessary** and will be approved when **ALL** of the following criteria are met:
1. Prescriber is a physician specializing in the care of Cystic Fibrosis patients or is in consultation with a Gastroenterologist or Pulmonologist or other expert in care of Cystic Fibrosis patients
 2. A confirmed diagnosis of **Cystic Fibrosis (CF)**
 3. **For Kalydeco (ivacaftor):**
 - Individual is **6 months of age or older** and has an FDA-cleared mutation test with **ONE** of the *CFTR* genes that are responsive to Kalydeco based on clinical and/or *in vitro* data (listed in the Definition Section)

For Orkambi (lumacaftor-ivacaftor):

- Individual is **2 years of age or older** and has an FDA-cleared mutation test that is **homozygous** *F508del* mutation on both alleles of the *CFTR* gene

For Symdeko (tezacaftor-ivacaftor): Individual is **6 years of age or older** and **BOTH** of the following:

- Has an FDA-cleared mutation test that is **homozygous** *F508del* mutation on both alleles of the *CFTR* gene **or** has at least **ONE** of the *CFTR* genes that are responsive to Symdeko based on clinical and/or *in vitro* data (listed in the Definition Section)
- Individual has failure, contraindication or intolerance to Orkambi (lumacaftor-ivacaftor)

For Trikafta (elexacaftor-tezacaftor-ivacaftor) ALL of the following:

- Individual is **12 years of age or older** and has at least **ONE** *F508del* mutation in the cystic fibrosis transmembrane conductance regulator (*CFTR*) gene
- Individual does not have severe hepatic impairment (Child-Pugh Class C)

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4. **ALL** of the following baseline tests have been completed before initiation:
 - Ophthalmologic examination in pediatric patients
 - Liver enzymes that includes alanine aminotransferase (ALT) and aspartate aminotransferase (AST)
5. **NO** dual therapy with another a cystic fibrosis transmembrane conductance regulator (CFTR) potentiator

Initial approval duration: 12 months

➤ **Criteria for continuation of coverage (renewal request):** Kalydeco (ivacaftor), Orkambi (lumacaftor-ivacaftor), Symdeko (tezacaftor-ivacaftor), and Trikafta (elexacaftor-tezacaftor-ivacaftor) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

1. Individual continues to be seen by a physician specializing the care of Cystic Fibrosis patients or is in consultation with a Gastroenterologist or Pulmonologist or other expert in care of Cystic Fibrosis patients
2. Individual's condition responded while on therapy
 - Response is defined by **ONE** of the following:
 - Stable or improved ppFEV1 or FEV1 from baseline
 - Fewer pulmonary exacerbations
 - Stable or improved weight or BMI
3. Individual has been adherent with the medication
4. **NO** dual therapy with another a cystic fibrosis transmembrane conductance regulator (CFTR) potentiator
5. Individual has not developed any significant level 4 adverse drug effects that may exclude continued use
 - Significant adverse effect such as:
 - Significant hepatic impairment:
6. There are no significant interacting drugs

Renewal duration: 12 months

Description:

Kalydeco (ivacaftor) is a cystic fibrosis transmembrane conductance regulator (CFTR) potentiator indicated for the treatment of cystic fibrosis (CF) in patients age 6 months and older who have one mutation in the *CFTR* gene that



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is responsive to ivacaftor based on clinical and/or in vitro assay data. If the patient's genotype is unknown, an FDA-cleared CF mutation test should be used to detect the presence of a *CFTR* mutation followed by verification with bi-directional sequencing when recommended by the mutation test instructions for use.

Orkambi (lumacaftor-ivacaftor) is a fixed-dose combination of lumacaftor and ivacaftor indicated for the treatment of CF patients 2 years of age and older who are homozygous (having 2 copies) of the *F508del* mutation in the *CFTR* gene. If the patient's genotype is unknown, an FDA-cleared CF mutation test should be used to detect the presence of the *F508del* mutation on both alleles of the *CFTR* gene. The efficacy and safety of Orkambi (lumacaftor-ivacaftor) have not been established in patients with CF other than those homozygous for the *F508del* mutation.

Symdeko (tezacaftor/ivacaftor) is a combination of tezacaftor and ivacaftor, indicated for the treatment of patients with CF aged 6 years and older who are homozygous for the *F508del* mutation or who have at least one mutation in the *CFTR* gene that is responsive to tezacaftor/ivacaftor based on *in vitro* data and/or clinical evidence.

Trikafta (elexacaftor/tezacaftor/ivacaftor) is indicated for the treatment of cystic fibrosis (CF) in patients aged 12 years and older who have at least one *F508del* mutation in the cystic fibrosis transmembrane conductance regulator (*CFTR*) gene.

Elexacaftor and tezacaftor bind to different sites on the *CFTR* protein and have an additive effect in facilitating the cellular processing and trafficking of *F508del*-*CFTR* to increase the amount of *CFTR* protein delivered to the cell surface compared to either molecule alone. Ivacaftor potentiates the channel open probability (or gating) of the *CFTR* protein at the cell surface. The combined effect of elexacaftor, tezacaftor and ivacaftor is increased quantity and function of *F508del*-*CFTR* at the cell surface, resulting in increased *CFTR* activity as measured by *CFTR* mediated chloride transport.

Cystic Fibrosis (CF):

- CF is a life-threatening genetic disease that causes a buildup of thick, sticky mucus that can clog the lungs and digestive tract
 - It is a rare autosomal recessive disease
 - It is estimated that approximately 30,000 people in the United States are affected
- Complications of CF include frequent lung and sinus tract infections, decreased lung function, respiratory failure, poor weight gain and growth, diabetes, liver disease, and infertility
 - Progressive lung disease is the primary cause of morbidity and mortality, ultimately resulting in respiratory failure and death
 - The primary treatment goals are maintenance of lung function over time, reduction in pulmonary exacerbations, improvement in nutritional status and improvement in quality of life

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- It is hypothesized that individuals with CF have a mutation in the cystic fibrosis transmembrane conductance regulator (*CFTR*) gene that encodes an ion channel transporter, the CFTR protein
 - The CFTR protein is present on the surface of epithelial cells in multiple organs and it regulates transport of chloride and water
 - Genetic mutations can result in either an absent or defective CFTR protein that leads to accumulation of thickened mucus
 - There are more than 1,000 different mutations of the CF gene
 - The majority of CF patients are genetically homozygous for the *F508del* mutation
 - In CF patients, lung function is generally monitored by spirometry measuring the forced expiratory volume in one second (FEV1) with disease severity measured by the percent of forced expiratory volume in one second (ppFEV1)
 - There is an association between (ppFEV1) and mortality based on epidemiologic models; however other factors such as annual pulmonary exacerbation rates may contribute to mortality
 - Treatments aimed at CFTR gene protein abnormality:
 - Kalydeco (ivacaftor)
 - Orkambi (lumacaftor-ivacaftor)
 - Symdeko (tezacaftor-ivacaftor)
 - Trikafta (elexacaftor-tezacaftor-ivacaftor)
 - Other products are available to treat/prevent symptoms resulting from the faulty CFTR protein
 - Pulmonary infections:
 - Inhaled antibiotics [Bethkis, Kitabis Pak, TOBI, TOBI Podhaler (tobramycin), Cayston (aztreonam)]
 - Thickened secretions:
 - Mucolytics [N-acetylcysteine, Pulmozyme (dornase alpha)]
 - Digestive aids/pancreatic insufficiency:
 - Oral pancreatic enzyme supplementation [Creon, Pancreaze, Pancrelipase, Viokase, Zenpep, others]
 - Other:
 - Inhaled corticosteroids
 - Inhaled bronchodilators
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Definitions:

Kalydeco (ivacaftor):

List of <i>CFTR</i> gene mutations that produce CFTR protein and are responsive to Kalydeco					
A455E	E56K	G551S	R74W	S549N	2789+5G → A
A1067T	E193K	G1069R	R117C	S549R	3272-26A → G
D110E	E831X	G1244E	R117H	S945L	3849+10kbC → T
D110H	F1052V	G1349D	R347H	S977F	
D579G	F1074L	K1060T	R352Q	S1251N	
D1152H	G178R	L206W	R1070Q	S1255P	
D1270N	G551D	P67L	R1070W	711+3A → G	
Ivacaftor increases chloride transport in patients who carry <i>F508del</i> on one <i>CFTR</i> allele AND a second mutation predicted to be responsive to ivacaftor					
Ivacaftor did not improve lung function determined by a change in %FEV1 predicted in patients who were homozygous for <i>F508del</i> in the <i>CFTR</i> gene					

List of <i>CFTR</i> gene mutations that produce CFTR protein and are NOT responsive to Kalydeco				
A46D	G1061R	L1077P	R560S	T338I
A559T	H1054D	M1101K	R560T	V520F
A561E	H1085R	N1303K	R1066C	W128X
E92K	I507del	P205S	R1066H	
G85E	L927P	R334W	R1066M	
G970R	L1065P	R347P	S492F	

Symdeko (tezacaftor-ivacaftor):

List of <i>CFTR</i> gene mutations that produce CFTR protein and are responsive to Symdeko					
A455E	D1152H	F1052V	P67L	R1070W	3272-26A → G
A1067T	D1270N	F1074L	R74W	S945L	3849+10kbC → T
D110E	E56K	<i>F508del</i> *	R117C	S977F	
D110H	E193K	K1060T	R347H	711+3A → G	
D579G	E831X	L206W	R352Q	2789+5G → A	
Must have two copies of the <i>F508del</i> mutation or at least one copy of a responsive mutation presented above to be indicated.					



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Resources:

Orkambi. Package Insert. Revised by manufacturer 8/20/18. Accessed 8/7/18.

Vallieres E and Elborn JS: Cystic fibrosis gene mutations: evaluation and assessment of disease severity. *Advances in Genomics and Genetics* 2014; 4: 161-172

UpToDate: Cystic fibrosis: Clinical manifestations and diagnosis. Current through Sep 2017

UpToDate: Cystic fibrosis: Overview of the treatment of lung disease. Current through Sep 2017

UpToDate: Cystic fibrosis: Investigational therapies. Current through Sep 2017

Kalydeco (ivacaftor) product information accessed 07-10-19 at DailyMed

Orkambi (lumaicaftor-ivacaftor) product information accessed 07-10-19 at DailyMed

Symdeko (tezacaftor-ivacaftor) product information accessed 07-10-19 at DailyMed

Trikafta (elexacaftor-tezacaftor-ivacaftor) product information accessed 10-23-19