**Cystic Fibrosis Agents**  
*(Kalydeco, Orkambi, and Symdeko)*

**BENEFIT APPLICATION**

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

**DESCRIPTION**

The intent of the Cystic Fibrosis Agent Policy is to ensure appropriate selection of patients for therapy based on product labeling, clinical guidelines and clinical studies for Kalydeco (ivacaftor) and Orkambi (ivacaftor/lumacaftor).

**FDA-Approved Indications**

Kalydeco is a cystic fibrosis transmembrane conductance regulator (CFTR) potentiator indicated for the treatment of cystic fibrosis (CF) in patients age 12 months and older who have one mutation in the CFTR gene that is responsive to ivacaftor potentiation based on clinical and/or in vitro assay data.

Orkambi (lumacaftor/ivacaftor) is approved by the FDA for the treatment of CF in patients age 2 years and older that are homozygous for the F508del mutation in the CFTR gene.

The efficacy and safety of Orkambi have not been established in patients with CF other than those homozygous for the F508del mutation.

Symdeko is a combination of tezacaftor and ivacaftor, indicated for the treatment of patients with cystic fibrosis (CF) aged 12 years and older who are homozygous for the F508del mutation or who have at least one mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene that is responsive to tezacaftor/ivacaftor based on *in vitro* data and/or clinical evidence.

If the patient’s genotype is unknown, an FDA-cleared CF mutation test should be used to detect the presence of CFTR mutation followed by verification with bi-directional sequencing when recommended by the mutation test instructions for use.

All other indications are considered experimental/investigational and are not a covered benefit.

**POLICY**

**Required Documentation**

The following information is necessary to initiate the prior authorization review: genetic testing report confirming the presence of the appropriate CFTR gene mutation.
Criteria for Initial Approval

I. Kalydeco (ivacaftor) may be considered medically necessary for the treatment of cystic fibrosis when all of the following criteria are met:
   - Genetic testing was conducted to detect a mutation in the CFTR gene.
   - The patient is at least 12 months of age
   - Kalydeco will not be used in combination with Orkambi or Symdeko

Approval will be for lifetime.

II. Orkambi (lumacaftor/ivacaftor) may be considered medically necessary for the treatment of cystic fibrosis when all of the following criteria are met:
   - The patient is at least 2 years of age
   - Genetic testing was conducted to detect a mutation in the CFTR gene
   - The patient is positive for the F508del mutation on both alleles of the CFTR gene
   - The patient will not be using Orkambi in combination with Kalydeco or Symdeko

Approval will be for lifetime.

III. Symdeko (tezacaftor/ivacaftor) may be considered medically necessary for the treatment of cystic fibrosis when all of the following criteria are met:
   - Genetic testing was conducted to detect a mutation in the CFTR gene.
   - The member is at least 12 years of age.
   - Symdeko will not be used in combination with Kalydeco or Orkambi.

Approval will be for lifetime.

IV. Kalydeco (ivacaftor), Orkambi (lumacaftor/ivacaftor), and Symdeko (tezacaftor/ivacaftor) are considered not medically necessary for patients who do not meet the criteria set forth above.

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

Quantity Limits Apply:
   - Kalydeco 56 tablets/28 days
   - Kalydeco Pak 56 packets/28 days
   - Orkambi 112 tablets/28 days
   - Symdeko 56 tablets/28 days

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PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

• No applicable codes

REFERENCES


POLICY HISTORY

Policy #: 05.01.39
Original Effective Date: May 2012
Reviewed: January 2018
Revised: October 2018
Current Effective Date: October 24, 2018