



wellsense.org | 877-957-1300

Pharmacy Policy

Cystic Fibrosis Agents

Policy Number: 9.100

Revision Number: R1

Version Effective Date: 1/1/2021

Product Applicability		<input type="checkbox"/> All Plan+ Products
Well Sense Health Plan		Boston Medical Center HealthNet Plan
<input checked="" type="checkbox"/> New Hampshire Medicaid	<input type="checkbox"/> MassHealth – MCO	<input type="checkbox"/> MassHealth – ACO
<input type="checkbox"/> _____	<input type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct	<input type="checkbox"/> Senior Care Options
	<input type="checkbox"/> _____	

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- **Kalydeco® (ivacaftor)**
- **Symdeko™ (tezacaftor/ivacaftor)**
- **Orkambi® (lumacaftor/ivacaftor)**
- **Trikafta™ (elexacaftor/tezacaftor/ivacaftor)**

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications not otherwise excluded
Exclusion Criteria	Use of concurrent therapy Kalydeco®, Symdeko™, or Orkambi®
Required Medical	Kalydeco®(ivacaftor) Documentation of the following:

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Information	<ol style="list-style-type: none"> 1. Diagnosis of Cystic Fibrosis; AND 2. Medical records indicating a confirmed presence of one of the mutations listed in the FDA package labeling (see Appendix A). <p>For Kalydeco oral granules only: Member must be between 6 months and 10 years of age or have difficulty swallowing tablets.</p> <p>Symdeko™ (tezacaftor/ivacaftor) Documentation of the following:</p> <ol style="list-style-type: none"> 1. Diagnosis of Cystic Fibrosis; AND 2. Medical records indicating a confirmed presence of one of the mutations listed in the FDA package labeling (see Appendix A). <p>Orkambi® (lumacaftor/ivacaftor) Documentation of the following:</p> <ol style="list-style-type: none"> 1. Diagnosis of Cystic Fibrosis; AND 2. Medical records indicating a confirmed presence of homozygous <i>F508del</i> mutation in the <i>CFTR</i> gene. <p>Trikafta (Elexacaftor–Tezacaftor–Ivacaftor)</p> <ol style="list-style-type: none"> 1. Diagnosis of Cystic Fibrosis AND 2. Medical records indicating confirmed presence of heterozygous F508del mutation in the CFTR gene
Age Restriction	<p>Kalydeco® (ivacaftor) – 6 months of age and older Symdeko™ (tezacaftor/ivacaftor) – 6 years of age and older Orkambi® (lumacaftor/ivacaftor) – 2 years of age and older Trikafta (Elexacaftor–Tezacaftor–Ivacaftor) -12 years of age and older</p>
Prescriber Restriction	The prescriber is an appropriate specialist such as a pulmonologist or endocrinologist.
Coverage Duration	1 year
Other criteria	<p>Reauthorization Documentation of the following:</p> <ol style="list-style-type: none"> 1. Clinical response to therapy (the patient has shown improvement or stabilization in FEV1 compared to pre-therapy/baseline levels); AND 2. Member has been adherent to therapy (confirmed by pharmacy claims)

Clinical Background Information and References

1. Trikafta® [package insert]. Cambridge (MA): Vertex Pharmaceuticals, Inc; Jan 2020.

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

2. Katkin J. Cystic fibrosis: clinical manifestations and diagnosis. UpToDate. Last updated December 11,2015. Accessed February 2016. Available from <http://www.uptodate.com>.
3. Simon R. Cystic fibrosis: overview of the treatment of lung disease. UpToDate. Last updated January 6, 2016. Accessed February 2016. Available from <http://www.uptodate.com>.
4. Flume P, O’Sullivan B, Robinson K et al. Cystic fibrosis pulmonary guidelines: chronic medications for maintenance of lung health. *Am J Respir Crit Care Med*. 2007;176:957-69.
5. Kalydeco® [package insert]. Cambridge (MA): Vertex Pharmaceuticals, Inc; April 2019.
6. Orkambi (lumacaftor/ivacaftor) [prescribing information]. Boston, MA: Vertex Pharmaceuticals Incorporated; September 2016.
7. Mogayzel PJ Jr, et al. Cystic Fibrosis Pulmonary Guidelines: Chronic Medications for Maintenance of Lung health. *Am J Respir Crit Care Med*. 2013 Apr;187 (7): 680-9. <https://www.cff.org/Care/Clinical-Care-Guidelines/Respiratory-Clinical-Care-Guidelines/Chronic-Medications-to-Maintain-Lung-Health-Clinical-Care-Guidelines/>
8. Symdeko [package insert]. Boston, MA: Vertex Pharmaceuticals, Inc.; June 2019.

Appendix A – Mutations Responsive to Kalydeco and Symdeko™

The FDA approved package insert lists several mutations that are responsive to Kalydeco and Symdeko.

List of CFTR Gene Mutations that Produce CFTR Protein and are Responsive to <i>Kalydeco</i>				
<i>E56K</i>	<i>G178R</i>	<i>S549R</i>	<i>S977F</i>	<i>F1074L</i>
<i>P67L</i>	<i>E193K</i>	<i>G551D</i>	<i>F1052V</i>	<i>D1152H</i>
<i>R74W</i>	<i>L206W</i>	<i>G551S</i>	<i>K1060T</i>	<i>G1244E</i>
<i>D110E</i>	<i>R347H</i>	<i>D579G</i>	<i>A1067T</i>	<i>S1251N</i>
<i>D110H</i>	<i>R352Q</i>	<i>711+3A→G</i>	<i>G1069R</i>	<i>S1255P</i>
<i>R117C</i>	<i>A455E</i>	<i>E831X</i>	<i>R1070Q</i>	<i>D1270N</i>
<i>R117H</i>	<i>S549N</i>	<i>S945L</i>	<i>R1070W</i>	<i>G1349D</i>
<i>2789+5G→A</i>	<i>3272-26A→G</i>	<i>3849+10kbC→T</i>		

This table lists mutations that are responsive to ivacaftor based on 1.) a positive clinical response and/or 2.) in vitro data indicating that ivacaftor increases chloride transport to at least 10% over baseline (% of normal).

List of CFTR Gene Mutations that Produce CFTR Protein and are Responsive to <i>Symdeko</i>					
<i>E56K</i>	<i>R117C</i>	<i>A455E</i>	<i>S945L</i>	<i>R1070W</i>	<i>3272-26A→G</i>
<i>P67L</i>	<i>E193K</i>	<i>F508del*</i>	<i>S977F</i>	<i>F1074L</i>	<i>3849+10kbC→T</i>
<i>R74W</i>	<i>L206W</i>	<i>D579G</i>	<i>F1052V</i>	<i>D1152H</i>	
<i>D110E</i>	<i>R347H</i>	<i>711+3A→G</i>	<i>K1060T</i>	<i>D1270N</i>	
<i>D110H</i>	<i>R352Q</i>	<i>E831X</i>	<i>A1067T</i>	<i>2789+5G→A</i>	

** A patient must have two copies of the F508del mutation or at least one copy of a responsive mutation presented in this*

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

table to be indicated

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	01/01/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee, NH DHHS

Policy Revisions History

Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	P&T Committee; discontinued policy 9.036 and created a new policy for NH	1/1/2021	P&T Committee, NH DHHS

Next Review Date

2021

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service;

^{*} Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

^{*} *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.