MEDICATION POLICY:
Orkambi (lumacaftor/ivacaftor)

Applicable Drugs: Orkambi (lumacaftor/ivacaftor)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 7/23/2015

Date Last Reviewed / Revised: 6/25/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VII are met)

I. Documented diagnosis of cystic fibrosis (CF).

II. Documentation that the patient has two copies of the F508del (Phe508del) mutation in the CFTR gene.

III. Documentation that the patient's liver function tests (AST and ALT) and bilirubin are not above 3 times the upper limit of normal prior to starting treatment.

IV. Minimum age requirement: 1 year old.

V. The medication is prescribed by or in consultation with a pulmonologist or a physician who specializes in the treatment of cystic fibrosis.

VI. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

VII. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Patients with cystic fibrosis with one copy of the F508del (Phe508del) mutation in the CFTR gene.
- Concurrent use of Orkambi with strong CYP3A inducers (ie, rifampin, rifabutin, phenobarbital, carbamazepine, phenytoin, St. John's wort).
- Concurrent use of Kalydeco (ivacaftor), Symdeko (tezacaftor/ivacaftor), Trikafta (elexacaftor/tezacaftor/ivacaftor), or Alyftrek (vanzacaftor/tezacaftor/deutivacaftor)

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Tablets: 112–count box per 28 days

- Granules: 56-units per 28 days

APPROVAL LENGTH

- **Authorization:** 6 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective. Documentation must include liver function tests and bilirubin below 3 times the upper limit of normal.

APPENDIX

- N/A

REFERENCES

1. Orkambi. Prescribing information. Vertex Pharmaceuticals Incorporated; 2024. Accessed June 25, 2025. uspi_lumacaftor_ivacaftor.pdf
2. Mogayzel PJ Jr, Naureckas ET, Robinson KA, et al. Cystic fibrosis pulmonary guidelines. Chronic medications for maintenance of lung health. *Am J Respir Crit Care Med*. 2013;187(7):680-689. doi:10.1164/rccm.201207-1160oe
3. Ren C, Morgan R, et al. Cystic Fibrosis Foundation Pulmonary Guidelines: Use of Cystic Fibrosis Transmembrane Conductance Regulator Modulator Therapy in Patients with Cystic Fibrosis. *American Thoracic Society*. 2017; 15 (3); 271 – 280. DOI: 10.1513/AnnalsATS.201707-539OT

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.