Utilization Management Policy Name: Orkambi®

Restricted Product(s):
- Orkambi (lumacaftor/ivacaftor)

FDA Approved Use:
For the treatment of cystic fibrosis (CF) in patients age 2 years and older who are homozygous for 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.

Rationale:
Orkambi can be used in attempts to treat conditions that have not been validated by the FDA. This program ensures that members are receiving this medication for conditions that have the appropriate evidence to support its use. Quantity limits have been added to ensure safe and effective use.

Criteria Summary:
FDA approved use/Medical necessity; exception to quantity limitation

Criteria for Approval of Restricted Product(s):
1. Patient is age 2 years or older; AND
2. The patient has been diagnosed with cystic fibrosis; AND
3. The patient is homozygous for the F508del mutation; AND
4. An FDA-cleared CF mutation test has been used to detect the presence of a mutation in the Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) gene; AND
5. Please attach patient specific lab results and/or Cystic Fibrosis Foundation Patient Registry Report with confirmation of a mutation in the CFTR gene [medical record documentation required]; AND
6. Requests for granule packets are only authorized for patients under the age of 5 who are medically unable to take tablet formulation by PO administration; AND
   a. The patient is less than 14 kg and will be utilizing the lumacaftor 100 mg/ivacaftor 125 mg packet; OR
   b. The patient is 14 kg or greater and will be utilizing the lumacaftor 150 mg/ivacaftor 188 mg packet; AND
7. For formularies that exclude (non-formulary) the requested medication, Non-formulary Exception Criteria applies (outlined below)*

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September 2018
Quantity Limitations: quantity limitations apply to brand and associated generic products.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Quantity per Day (unless specified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orkambi 100 mg/ 125 mg packets</td>
<td>2 packets</td>
</tr>
<tr>
<td>Orkambi 150 mg/ 188 mg packets</td>
<td>2 packets</td>
</tr>
</tbody>
</table>

Quantity Limit Exception Criteria:

1. The quantity (dose) requested is for documented titration purposes at the initiation of therapy (authorization for a 90 day titration period); **AND**
2. The prescribed dose cannot be achieved using a lesser quantity of a higher strength; **AND**
3. The quantity (dose) requested does not exceed the maximum FDA labeled dose, when specified, or to the safest studied dose per the manufacturer’s product insert; **OR**
4. If the quantity (dose) requested exceeds the maximum FDA labeled dose, when specified, or to the safest studied dose per the manufacturer’s product insert, then the prescriber must submit documentation in support of therapy with a higher dose for the intended diagnosis (submitted documentation may include medical records OR fax form which reflects medical record documentation that shows the length of time the requested dose has been used, and what other medications and doses have been tried and failed).

*Non-formulary Exception Criteria*
Non-Formulary Exception criteria applies on formularies which exclude requested product(s). Satisfactory completion of criteria points (above) may satisfy some, or all, portions of the Non-Formulary Exception Criteria. This criteria is summarized as:

a) Request must be for an FDA approved indication; **AND**
b) Patient must have a trial and failure of up to **TWO** formulary medications or a clinical contraindication/intolerance to those medications not tried.

References: all information referenced is from FDA package insert unless otherwise noted below.

Policy Implementation/Update Information: Originated: July, 2015; Last updated: September, 2018

- Sept 2018: updated to address ages 2-5 and new to market packet formulation
- Aug 2018: updated to address the expanded indication for those 2 years of age and older (previously 6 years of age and older).
- Oct 2016: updated to address the expanded indication for those 6 years of age and older (previously 12 years of age and older).

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September 2018
Aug 2015: Updated the following requirement to add the CFF patient registry report: **Please attach patient-specific lab results and/or Cystic Fibrosis Foundation Patient Registry Report with confirmation of the presence of the F508del mutation on both alleles of the CFTR gene**

Jul 2015: Original utilization management criteria issued.

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