

ivacaftor (KALYDECO)

Diagnosis Considered for Coverage:

- Cystic fibrosis with the presence of CFTR gene mutation responsive to Kalydeco

Coverage Criteria:

For diagnosis listed above:

- Documented presence of a CFTR gene mutation sensitive to Kalydeco, **and**
- Not being used in combination with another CFTR modulator agent (e.g. Kalydeco, Orkambi, Symdeko, Trikafta), **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 5/31/2023