



elexacaftor/ tezacaftor/ ivacaftor (TRIKAFTA)

Diagnosis Considered for Coverage:

- Cystic fibrosis with the presence of CFTR gene mutation

Coverage Criteria:

For diagnosis listed above:

- Patient is at least 2 years old, **and**
- Documented presence of a CTRF gene mutation sensitive to Trikafta, **and**
- Not being used in combination with another CFTR modulator agent (e.g. Kalydeco, Orkambi, Symdeko), **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 5/31/2023