

**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