

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	GA	IND	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

Medication	Comments
Ivacaftor/Lumacaftor	N/A

**OVERRIDE(S)**

Prior Authorization of Benefits

**APPROVAL DURATION**

1 year

**APPROVAL CRITERIA**

Requests for Ivacaftor/Lumacaftor may be approved if the following are met:

- I. Individual has a diagnosis of cystic fibrosis (CF); **AND**
- II. Individual is 12 years of age or older; **AND**
- III. Mutation testing indicates individual has two copies of the F508del mutation; **AND**
- IV. A copy of the CF mutation analysis test result must be provided.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.