Manual Prior Authorization

MISSISSIPPI DIVISION OF MEDICAID

Symdeko® (*tezacaftor/ivacaftor*) PA CRITERIA:

Select the diagnosis:

☐ Cystic fibrosis (CF); ICD-10 code(s): _____

Complete below information for applicable situation: Initiation or Reauthorization of therapy

Initial authorization: 6 months

Payment will be considered for patients when ALL the following criteria are met:

1. Age ≥12 years;
   AND
2. Prescribed by or in consultation with a CF specialist/ pulmonologist who specializes in treating CF patients.
   a. Name of CF treating or consulting specialist/pulmonologist:
   _____
   b. Provide chart documentation from consulting provider including name, strength and dosing instructions of CF drug:
   _____
   AND
3. Has a diagnosis of CF with a CFTR mutation* responsive to Symdeko. Submission upon request of laboratory results documenting ONE of the following:
   a. Patient is homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene

   OR

   b. The patient has at least one of the following mutations in the CFTR gene that is responsive to Symdeko based on in vitro data and/or clinical evidence.

***CFTR Mutations Responsive to Symdeko:**

CFTR Mutations That Produce CFTR Protein and Are Responsive to SYMDEKO[1-3,*]				
A1067T c.3199G>A	D579G c.1736A>G	F508del/F508del* c.1521_1523delCTT	R347H c.1040G>A	3272-26A→G c.3140-26A>G
A455E c.1364C>A	E193K c.577G>A	K1060T c.3179A>C	R352Q c.1055G>A	3849+10kbC→T c.3718-2477C>T
D110E c.330C>A	E56K c.166G>A	L206W c.617T>G	R74W c.220C>T	711+3A→G c.579+3A>G
D110H c.328G>C	E831X c.2491G>T	P67L c.200C>T	S945L c.2834C>T	
D1152H c.3454G>C	F1052V c.3154T>G	R1070W c.3208C>T	S977F c.2930C>T	
D1270N c.3808G>A	F1074L c.3222T>A	R117C c.349C>T	2789+5G→A c.2657+5G>A	

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A patient must have two copies of the *F508del* mutation or at least one copy of a responsive mutation presented in above table to be indicated.

The above table lists responsive CFTR mutations based on (1) a clinical FEV1 response and/or (2) in vitro data in FRT cells, indicating that tezacaftor/ivacaftor increases chloride transport to at least 10% of untreated normal over baseline. CFTR gene mutations that are not responsive to ivacaftor alone are not expected to respond to **SYMDEKO except for F508del homozygotes.**

AND

4. Baseline measures submitted by provider of ALL of the following:

a. Percent predicted expiratory volume in 1 second (ppFEV1):_____
b. Body mass index (BMI):_____
c. Pulmonary exacerbations- number in preceding 6 months: _____
d. Quality of life as demonstrated by Cystic Fibrosis Questionnaire-Revised (CFQ-R) respiratory domain score :_____

*** (see access instructions for CFQ-R Questionnaire at bottom of PA form)*

Reauthorization: 12 months with evidence of appropriate clinical response to therapy

1. Prescribed by or in consultation with a CF specialist/ pulmonologist who specializes in treating CF patients.
   a. Name of CF treating/consulting specialist/pulmonologist: _____
   b. Provide chart documentation from consulting provider including name, strength, and dosing instruction of CF drug: _____

AND

2. Provider attests that the patient has achieved a clinically meaningful response while on Symdeko based on ALL of the following AND HAS SUBMITTED UPDATED DOCUMENTATION OF EACH MEASURE BELOW (WHICH WILL ALSO SERVE AS THE BASELINE FOR COMPARISON FOR REAUTHORIZATION IN 12 MONTHS):
   a. Improved or stable lung function as demonstrated by percent predicted expiratory volume in 1 second (ppFEV1): _____
   b. Body mass index (BMI):_____
   c. Pulmonary exacerbations-- number of exacerbations compared to number of exacerbations prior to medication initiation:_____
   d. Quality of life as demonstrated by Cystic Fibrosis Questionnaire-Revised (CFQ-R) respiratory domain score: _____

   *** (see access instructions for CFQ-R Questionnaire at bottom of PA form)*

Considerations

Dosing:

Each dose should be administered just before or just after fat-containing food. Co-administration with grapefruit juice, which contains one or more components that moderately inhibit CYP3A, may increase exposure of ivacaftor. Therefore, food containing grapefruit or Seville oranges should be avoided during treatment with Symdeko.

- One tablet (containing tezacaftor 100mg/ ivacaftor 150mg) in the morning and one tablet (containing ivacaftor 150mg) in the evening, approximately 12 hours apart.

Other considerations:

- Reduce dose in patients with moderate and severe hepatic impairment.
- Monitor the AST and ALT transaminase values prior to initiation, every 3 months during first year of treatment and then annually thereafter. In patients with a history of transaminase elevations, more frequent monitoring should be considered. If either is elevated 5x normal, then dose should be interrupted until resolution. If either is elevated 3x normal with bilirubin elevated 2x normal, then dose should be interrupted until resolution. Following resolution of transaminase elevations, consider the benefits and risks of resuming treatment.
- Ivacaftor, a component of Symdeko is a sensitive CYP3A substrate. Review of concomitant drugs for drug interactions should be part of the prior authorization approval process. Dose recommendations per package insert label should be followed Please see package insert.
- Non-congenital lens opacities/cataracts have been reported in pediatric patients treated with Symdeko. Baseline and follow-up examinations are recommended in pediatric patients initiating Symdeko treatment.

How Supplied

Symdeko (tezacaftor 100mg/ ivacaftor 150 mg)

56 count tablet carton containing a 4-week supply of Symdeko (4 weekly blister cards, each with 14 tablets) (zacaftor/ivacaftor 100mg/150mg and ivacaftor 150 mg tablets)

** How to obtain the *CFQ-R*
Questionnaire: http://www.psy.miami.edu/cfq_QLab/index.html

1. Click on *CFQ-R Measures* tab

2. Complete the copyright form

3. Download the versions of the *CFQ-R Questionnaire* you want

4. Click on *Scoring Tab* to access the scoring programs and information