

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
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# SYMDEKO® (tezacaftor/ivacaftor)

## **LENGTH OF AUTHORIZATION**: Up to 6 months

#### INITIAL REVIEW CRITERIA:

- Patient must be  $\geq 6$  years old.
- Patient must have a diagnosis of Cystic Fibrosis confirmed via "health conditions" or medical records.
- Patient is homozygous for the *F508del* mutation or patient has at least one mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene that is responsive to tezacaftor/ivacaftor based on *in vitro* data and/or clinical evidence.
- Patient must have baseline liver function tests required prior to initiating therapy.
- Patients ages 6 to < 18 must have undergone a baseline ophthalmic examination to monitor lens opacities/cataracts.
- Patient must have baseline documented percent predicted FEV<sub>1</sub> within the previous 30 days.

### CONTINUATION OF THERAPY:

- Disease response as indicated by two or more of the following:
  - o Decreased pulmonary exacerbations compared to pretreatment baseline.
  - o Improvement or stabilization of lung function (as measured by percent predicted FEV1) compared to baseline or decrease in the rate of decline of lung function.
  - Weight gain
  - o Clinical notes documenting improvement of patient symptoms.
- Patient must not have received a lung transplant.
- Patient must not have experienced unacceptable toxicity from the drug.
- Submission of liver function tests (every three months), then one liver function test annually thereafter.
- Patients ages 6 to < 18 should have a follow up ophthalmic examination at least annually.</li>

### DOSING and ADMINISTRATION:

- Refer to product labeling at <a href="https://www.accessdata.fda.gov/scripts/cder/daf/">https://www.accessdata.fda.gov/scripts/cder/daf/</a>
- Available as:
  - Tezacaftor 50 mg/ivacaftor 75 mg fixed-dose combination tablets co-packaged with ivacaftor 75 mg tablets.
  - O Tezacaftor 100 mg/ivacaftor 150 mg fixed-dose combination tablets co-packaged with ivacaftor 150 mg tablets.

