

POLICY NAME	Trikafta (elexacaftor-tezacaftor-ivacaftor)	POLICY #	2754P
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Criteria

Coverage Criteria

- ☐ Documented diagnosis of cystic fibrosis
- ☐ Documentation that the member has at least one F508del mutation in the CFTR gene or a mutation in the CFTR gene responsive to Trikafta based on clinical and/or in vitro assay data
- ☐ Age 2 years or older
- ☐ Prescribed by a provider specializing in the treatment of cystic fibrosis
- ☐ Documentation supporting baseline liver function tests have been obtained
- ☐ For Trikafta granules: patient must be less than 12 years old or prescriber may submit justification why tablets cannot be used
- ☐ Review of chart notes documenting diagnosis and confirming that patient has met all of the above requirements for treatment with Trikafta by both a pharmacist and a medical director