

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

Coverage Criteria

- ☐ 1.1 Documented diagnosis of cystic fibrosis
- ☐ 1.2 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
- ☐ 1.3 Age 2 years or older
- ☐ 1.4 Prescribed by a provider specializing in the treatment of cystic fibrosis
- ☐ 1.5 Documentation supporting baseline liver function tests have been obtained
- ☐ 1.6 For Trikafta granules: patient must be less than 12 years old or prescriber may submit justification why tablets cannot be used
- ☐ 1.7 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