CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: May 1, 2024

N.L.: 03-0524
Supersede N.L.: 01-0121
N.L.: 13-1120
Index: Benefits

TO: All County California Children's Services Program Administrators, Clinical Assurance Division, Medical Consultants, and Integrated Systems of Care Division Staff

SUBJECT: Cystic Fibrosis Transmembrane Conductance Regulator Modulator Drug Therapies

I. PURPOSE

The purpose of this Numbered Letter (NL) is to update California Children's Services (CCS) Program and Genetically Handicapped Persons Program (GHPP) drug coverage for the treatment of cystic fibrosis (CF). CCS and GHPP previously authorized four cystic fibrosis transmembrane conductance regulator (CFTR) drug therapies to treat CF:

1. Ivacaftor (Kalydeco),
2. Lumacaftor/ivacaftor (Orkambi), and
3. Tezacaftor/ivacaftor and ivacaftor (Symdeko), and
4. Elexacaftor/tezacaftor/ivacaftor (Trikafta).

This NL updates the newly approved expanded age for elexacaftor/tezacaftor/ivacaftor (Trikafta).

The CCS Program publishes this N.L. under the program's authority to authorize services that are medically necessary to treat CCS-eligible conditions.[1,2,3]

[1] 22 Cal. Code Regs. § 41515.1 et. seq. Determination of Medical Eligibility
[2] 22 Cal. Code Regs. § 41700 Availability
[3] 22 Cal. Code Regs. § 41740 Eligibility for Treatment Services

II. BACKGROUND

CF is a life-threatening autosomal recessive genetic disease that involves both exocrine and endocrine gland dysfunction. CF primarily affects the respiratory and digestive systems. CF is caused by mutations in the gene coding for the CFTR protein that result in decreased secretion of chloride and increased reabsorption of sodium and water across cells. Lack of CFTR function leads to viscous secretions, which are harder to clear, resulting in increased susceptibility to life threatening pulmonary infections. In addition, the viscous secretions obstruct the pancreatic ducts and disrupt the process of digestion, leading to malabsorption of food.

Standard therapies for CF target amelioration of symptoms and prevention of infection. CFTR modulators are new therapies that improve chloride transport across the cell membrane by modulating the structure and function of the defective CFTR. There are over 1,700 known CFTR mutations. Mutation classes amenable to current CFTR therapies include gating mutations, conduction mutations, splice mutations, protein- processing mutations, and residual function mutations.

A patient's response to CFTR modulator therapy depends on the patient's CFTR mutation class. Certain mutations within the same mutation class respond to the same CFTR modulator therapy. Kalydeco (ivacaftor) was the initial CFTR modulator and acts as a potentiator by binding to the CFTR protein and increasing the time the channel is in the open position. Later CFTR modulators all include correctors, which help the CFTR protein fold correctly and reach the cell surface. Orkambi combines ivacaftor with lumacaftor. Symdeko combines ivacaftor with tezacaftor. The main difference between Orkambi and Symdeko is drug to drug interactions. Trikafta is a triple combination CFTR modulator drug, adding a new component elexacaftor to ivacaftor and tezacaftor. Elexacaftor works in synergy with tezacaftor, resulting in greater correction of the defective CFTR and substantial clinical benefit.

III. POLICY

A. Initial Authorization:

CCS independent counties and the Department of Health Care Services (DHCS) on behalf of CCS dependent counties and GHPP, shall authorize a six-month treatment of Kalydeco, Orkambi, Symdeko, or Trikafta drug therapies if:

1. Beneficiary is under the care of a CCS-paneled pulmonologist at a CF CCS Special Care Center (SCC).

2. A CCS or GHPP beneficiary has been diagnosed with cystic fibrosis with a CFTR modulator responsive gene mutation.

3. The SCC or pharmacy submits a prior authorization (PA) request to Medi-Cal Rx requesting approval to treat the beneficiary's CFTR gene mutation using Kalydeco, Orkambi, Symdeko, or Trikafta.

    a. Along with the PA Request, the provider submits the following information:

        (1) Notes from visit at CF SCC within the past 12 months, which include: pulmonary function status, measured by forced expiratory volume (FEV1), change in FEV1 prior to starting the prescribed CFTR modulator treatment, any treatment, or admissions for exacerbations within the past year, current weight/Body mass index, and change in nutritional status in past year.

        (2) The beneficiary's CFTR drug therapy prescription.

        (3) The beneficiary's genetic lab results.

4. The choice of specific CFTR modulator is based on the beneficiary's age and genetic profile. In cases where CFTR modulators are considered equivalent, CCS will authorize the less costly medically necessary treatment.

    a. Kalydeco is approved for beneficiaries one month and older with responsive mutations.

    b. Symdeko is the preferred treatment for all beneficiaries six years of age and over with a genetic profile responsive to Kalydeco and Symdeko unless the provider submits evidence that the response to Symdeko has been suboptimal.

    c. Orkambi is the preferred treatment for all beneficiaries aged one year and older with a genetic profile responsive to Orkambi and Symdeko, unless the provider submits evidence that the response to Orkambi has been suboptimal.

    d. Trikafta is the preferred treatment for all beneficiaries at least six years of age with a responsive mutation.

B. Reauthorization:

1. For CFTR drug therapy reauthorizations, SCCs should demonstrate medical necessity by providing documentation that the beneficiary has responded to the CFTR therapy with stable or improved pulmonary function, stable or

improved Body Mass Index (BMI), fewer symptoms, or fewer inpatient admissions.

2. Reauthorizations of CFTR drug therapies shall be for a period no longer than one year.

C. Additional considerations for medical necessity determination:

For beneficiaries who do not meet the criteria described in Sections III.A. or III.B., SCCs may demonstrate medical necessity by submitting any other clinical documentation and/or evidence that would support the initial or reauthorization of the beneficiary's CFTR drug therapy.

D. Whole Child Model (WCM) Counties:

For CCS beneficiaries who are enrolled in a Medi-Cal managed care health plan (MCP) and reside in a WCM county, the beneficiary's MCP is responsible for coordination of care with Medi-Cal Rx.

IV. POLICY IMPLEMENTATION

A. SCCs or pharmacies should submit a PA and all supporting documentation as listed in Section III above to Medi-Cal Rx.

B. Beneficiaries transitioning from CCS to GHPP

SCCs treating beneficiaries who are transitioning from CCS to GHPP should:

1. Direct beneficiaries to complete GHPP enrollment form (DHCS 4000A).[4]

2. Submit documentation that the beneficiary has responded to the CFTR therapy with stable or improved pulmonary function, stable or improved BMI, fewer symptoms, or fewer inpatient admissions to Medi-Cal Rx for continued approval of the beneficiary's CFTR drug therapy under GHPP.

Effective January 1, 2022, all requests for prior authorization of medications billed by the National Drug Code and dispensed by a Medi-Cal enrolled pharmacy provider, must be sent to Medi-Cal Rx for processing.[5]

[4] Genetically Handicapped Persons Program (GHPP) Application/Referral Form
[5] Medi-Cal RX website

For questions relating to this N.L., please contact the ISCD Medical Policy Team at ISCD-MedicalPolicy@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Cortney Maslyn, Chief
Integrated Systems of Care Division
Department of Health Care Services

Attachment(s):
Attachment: CF Mutations Responsive to CFTR Modulator Therapy[6]

[6] Official Listing of Mutations