DATE: March 6, 2017  N.L.: 01-0117
Supersedes N.L. 02-0816
Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM ADMINISTRATORS, MEDICAL CONSULTANTS, STATE SYSTEMS OF CARE DIVISION STAFF AND GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)

SUBJECT: LUMACAFTOR/IVACAFTOR (ORKAMBI™) - REVISED

The purpose of this Numbered Letter (N.L.) is to establish CCS Program and GHPP policy regarding the authorization of lumacaftor/ivacaftor (Orkambi™), as a treatment for cystic fibrosis (CF) due to specific mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) genes. Lumacaftor/ivacaftor is the second of a class of drugs known as CFTR potentiators, and has been associated with lowering the rate of pulmonary exacerbations in individuals that have a homozygous F508del mutation in the CFTR gene, the most common cause of cystic fibrosis.

BACKGROUND

Cystic fibrosis (CF) is a life-threatening autosomal recessive genetic disease affecting respiratory and digestive systems. In California, CF is found in all race/ethnic groups at a prevalence of around 1/3,500 in non-Hispanic whites, 1/7,900 in Hispanic whites, 1/8,000 in non-Hispanic blacks, and 1/23,500 in Asians and others. CF is caused by a defective gene for the CFTR which results in decreased secretion of chloride and increased reabsorption of sodium and water across epithelial cells. This leads to viscous (sticky) secretions, which are harder to clear and increase susceptibility to life-threatening pulmonary infections. In addition, the viscous secretions obstruct the process of digestion, leading to malabsorption of food.

Standard therapies for CF target amelioration of symptoms and prevention of infection. Lumacaftor/ivacaftor, targets the pathology of the disease. In individuals with two copies of the F508del mutation, lumacaftor increases CFTR protein on the cell surface while ivacaftor binds to the defective receptor, and facilitates passage of chloride ions across the defective CFTR. On July 2, 2015 the Food and Drug Administration (FDA) approved Orkambi™ for use in persons 12 years of age and older.
I. POLICY

Effective September 4, 2015, lumacaftor/ivacaftor is a CCS Program/GHPP benefit when the following criteria are met:

A. For a CCS Program/GHPP client with CF and a homozygous F508del CFTR mutation, whose care is under the supervision and monitoring of a CCS Program/GHPP approved Cystic Fibrosis and Pulmonology Center Physician, and;

B. The CCS Program/GHPP Special Care Center (SCC) has provided all of the following information as documented on the Orkambi™ request form (Appendix A):

1. Patient demographics, homozygous for F508del CFTR mutation.

2. For aged 21 and above, forced expiratory volume (FEV$_{1.0}$)$\leq 80\%$, on 2 recent FEV$_{1.0}$ measurements, or one hospitalization in last 12 months for pulmonary exacerbation.

3. For aged 20 years and below, restrictions on FEV$_{1.0}$ measurements and hospitalization within the last 12 months for a pulmonary exacerbation no longer apply. However, these must still be reported on Orkambi™ request form.

4. Adherent to medical regimen.

C. Additional Information

1. Hepatic enzyme levels (ALT, AST)

2. Number of and type of pulmonary exacerbations, as defined by need for intravenous antibiotics, hospitalization, emergency room visit, or change in bronchotherapy, in previous 12 months.

3. Hospital stays (in days) in previous 12 months.

4. Home antibiotic days in previous 12 months.

5. Changes in medications in last 6 months.
D. Dosage:

1. Orkambi™ is a two-drug combination tablet containing:
   a. 200mg lumacaftor and 125mg ivacaftor or
   b. 100mg lumacaftor and 125mg ivacaftor.

2. The FDA approved dosage is:
   a. Age 6 – 11 years - two tablets (lumacaftor 100mg/ivacaftor 125mg) orally every 12 hours with fat containing foods.
   b. Age 12 years and older – Two tablets (lumacaftor 200mg/ivacaftor 125mg) orally every 12 hours with fat containing foods.

3. SCC Center to titrate dosage to age of client when less than 6 years of age.

E. Request is submitted with a completed Orkambi™ Request Form sent to e-mail inbox: CCS_Operations@dhcs.ca.gov or via secure Rightfax number: (916) 440-5768.

II. POLICY IMPLEMENTATION

A. Lumacaftor/Ivacaftor (Orkambi™) requires separate authorization.

B. Requesting pharmacy must submit a Service Authorization Request (SAR) to their local county CCS Program office or Dependent County Operations Section office along with a completed Orkambi™ Request Form, filled out by the CCS Program/GHPP approved pulmonary special care center, and a copy of the signed prescription.

C. The local county CCS Program office will pend a SAR into the CMSNet system and forward the SAR request, a copy of the prescription, and the completed Orkambi™ request form to the Orkambi™ e-mail inbox: CCS_Operations@dhcs.ca.gov or via secure Rightfax number: (916)440-5768.

D. All requests shall be reviewed by a Systems of Care Division Medical Director or designee before authorization of lumacaftor/ivacaftor (Orkambi™).

E. Initial Authorization:
1. Shall be for a six (6)-month trial, unless adverse event requires discontinuation, and notification to mailbox: CCS_Operations@dhcs.ca.gov.

F. Extension of the initial authorization every six (6) months:

1. Shall be granted unless there are significant adverse effects and an updated, completed Orkambi™ Request Form is submitted by the CCS Program/GHPP approved pulmonary special care center.

G. The following shall be considered when reviewing requests for lumacaftor/ivacaftor:

1. Lumacaftor/ivacaftor (Orkambi™) is not a replacement for conventional adjunctive therapy.

2. Compliance with CF Center Treatment Plan has been demonstrated.

H. The Systems of Care Division (SCD) Medical Director or designee will review exceptions on a case-by-case basis.

I. CCS Orkambi clients transitioning to the Genetically Handicapped Persons Program (GHPP) will be allowed to continue on Orkambi without having to meet FEV1.0 requirements for 21 year olds. However, a complete and updated Orkambi™ Request Form is required.

If you have any questions regarding this N.L., please contact Mr. James Delgado, Chief, CCS County Operation Section via e-mail at James.Delgado@dhcs.ca.gov or by telephone (916) 327-1220 or Ms. Barbara Sasaki, Chief, DCOS Intake Unit via e-mail at Barbara.Sasaki@dhcs.ca.gov or by telephone at (916) 327-2923.

Sincerely,

ORIGINAL SIGNED BY PATRICIA MCCLELLAND

Patricia McClelland, Chief
Systems of Care Division