State of California—Health and Human Services Agency
Department of Health Care Services

JENNIFER KENT
Director

EDMOND G. BROWN JR
Governor

DATE: August 2, 2016

N.L.: 02-0816
Supersedes N.L. 06-1915
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 ($FEV_{1.0}$) 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 $FEV_{1.0}$ % and hospitalization within the last 12 months for a pulmonary exacerbation do not apply. These must still be reported on the Orkambi™ request form for statistical purposes.

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 200mg lumacaftor and 125mg ivacaftor.

2. The FDA approved dosage is two tablets orally every 12 hours with fat containing foods.

3. SCC Center to titrate dosage to age of client when less than 12 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. Exceptions will be reviewed on a case-by-case basis by the Systems of Care Division (SCD) Medical Director or designee.

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

Systems of Care Division
Orkambi™ Request Form

Instructions: Request form to be completed by the CCS Approved Pulmonary Special Care Center personnel and faxed to (916) 440-5768. To avoid delays, please print legibly and include a signed prescription.

Client Name:	CCS/GHPP#:	Date Completed:
CF Mutation:	Age:	County:
Completed By: (Name / Title)	SCC Tel #:	SCC NPI:

I. Clinical Baseline

a. BMI/Weight		
b. FEV_1% – Results (in %) & Dates of two [2] previous in last 12 months		
c. Dates & # days hospitalization in the last 12 months		
d. # episodes of pulmonary exacerbation in the last 12 months		
1. Resulting in ER or hospital visit	ER ☐	Hospital Admit ☐
2. Resulting in IV antibiotic use (# of days)		
3. Resulting in change in Bronchotherapy	Yes ☐	No ☐
4. Dates & # pseudomonas infections in the last 12 months		
e. AST/ALT (Dates/ Results)		
f. Compliance (Check one)	Yes ☐	No ☐
g. Notes:		

II. Request For Reauthorization After Orkambi™ Trial

a. FEV_1% – Results (in %) & dates of two [2] previous in last 6 months		
b. Dates & # of days hospitalization in the last 6 months		
c. List drug changes after start of Orkambi™		
d. AST/ALT (Dates/Results)		
e. Compliance (Check one)	Yes ☐	No ☐
f. Any adverse reactions with Orkambi™ (Check one)	Yes ☐ No ☐	If yes, provide reaction details:
Additional Details:		
Completed by for reauthorization: (Name and Title of SCC Personnel)		

For CCS Operations Official Use Only

Approved ☐ Denied ☐
Reason for Denial:

Adjudicated by: