

PRIOR AUTHORIZATION POLICY

POLICY: Cystic Fibrosis Transmembrane Conductance Regulator – Kalydeco Prior Authorization Policy

- Kalydeco® (ivacaftor tablets and oral granules – Vertex)

REVIEW DATE: 02/07/2024; selected revision 04/10/2024 and 01/02/2025

OVERVIEW

Kalydeco, a cystic fibrosis transmembrane conductance regulator (CFTR) potentiator, is indicated for the treatment of cystic fibrosis (CF) in patients ≥ 1 month of age who have one mutation in the CFTR gene that is responsive to Kalydeco based on clinical and/or in vitro assay data.¹

In patients with unknown genotype, an FDA-cleared CF mutation test should be used to detect the presence of the CFTR mutation followed by verification with bidirectional sequencing when recommended by the mutation test instructions for use.¹ Kalydeco is not effective in patients with CF who are homozygous for the F508del mutation in the CFTR gene. A patient must have at least one CFTR mutation responsive to Kalydeco to be indicated. Table 1 lists mutations that are responsive to Kalydeco based on 1) a positive clinical response and/or 2) in vitro data in Fischer rat thyroid cells indicating that Kalydeco increases chloride transport to $\geq 10\%$ over baseline (% of normal).

Table 1. List of CFTR Gene Mutations that Produce CFTR Protein and are Responsive to Kalydeco.¹

CFTR – Cystic fibrosis transmembrane conductance regulator.

Guidelines

The most current treatment recommendations are the Standards of Care for CFTR variant-specific therapy for people with CF, from the European Cystic Fibrosis Society (2023).² However, the Standards do not reflect the currently approved age indications for Kalydeco (≥ 1 months of age), Orkambi® (lumacaftor/ivacaftor tablets and oral granules) [≥ 1 year of age], or Trikafta® (elexacaftor/tezacaftor/ivacaftor; ivacaftor tablets and oral granules) [≥ 2 years of age]. In general, Trikafta is recommended over other agents where indications overlap. The Standards recommend Trikafta in patients ≥ 6 years of age with CF who are homozygous or heterozygous for F508del. In patients with one or more responsive non-F508del variant, Kalydeco, Symdeko® (tezacaftor/ivacaftor; ivacaftor tablets), or Trikafta are recommended. Kalydeco is recommended in patients ≥ 4 months of age with eligible CFTR gene variants. Orkambi is recommended for patients 2 to 5 years of age who are homozygous for F508del. Of note, the Standards state that after diagnosis, repeat sweat testing provides evidence of treatment effect on CFTR activity, but does not predict clinical response. The European Cystic Fibrosis Society Standards for establishing and maintaining health (2024) note that people with CF with eligible CFTR gene variants should be offered CFTR modulator therapy.⁶

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According to the CF Foundation (2017), CF is diagnosed when an individual has both a clinical presentation of CF and evidence of CFTR dysfunction.^{4,5} Clinical presentation of CF includes a positive newborn screening, signs and/or symptoms of CF, and/or family history of CF. To establish a diagnosis of CF, sweat chloride tests should be considered first, then CFTR genetic analysis (CFTR genotype), and then CFTR physiologic tests (nasal potential difference [NPD] or intestinal current measurement [ICM]). However, tests of CFTR function are not always done in this order. All individuals diagnosed with CF should have a sweat chloride test and CFTR genetic analysis performed.

In a patient with a sweat chloride test ≥ 60 mmol/L, CF diagnosis is established and in patients with a sweat chloride test < 30 mmol/L, a diagnosis of CF is unlikely.^{4,5} Rarely, patients with a sweat chloride < 30 mmol/L may be considered to have CF if alternatives are excluded and other confirmatory tests (genetic and physiologic testing) support CF. In patients with a sweat chloride test of ≥ 30 to < 60 mmol/L, CFTR genetic analysis is undertaken. If the genetic analysis identifies two CF-causing CFTR mutations, CF is diagnosed, if no CFTR mutations are identified, a diagnosis of CF is unlikely. In patients with a CFTR genotype that is undefined or of varying clinical consequence, full gene CFTR sequencing (if not already performed) or CFTR physiologic testing is performed (NPD or ICM). If only one CFTR variant is identified on limited analysis, full gene CFTR sequencing should be performed. CF is possible if both alleles possess CF-causing, undefined, or mutation of varying clinical consequence mutations; CF is unlikely if only no CF-causing mutations are found. If results of the NPD or ICM show CFTR dysfunction, CF is diagnosed; when testing is unavailable or equivocal, the diagnosis of CF is not resolved, and when results of the physiologic testing show CFTR function is preserved, a diagnosis of CF is considered unlikely. It is recommended that patients with challenging diagnoses be evaluated at an accredited CF Foundation Care Center.

Policy Statement

Prior Authorization is recommended for prescription benefit coverage of Kalydeco. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Kalydeco as well as the monitoring required for adverse events and efficacy, approval requires Kalydeco to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

Recommended Authorization Criteria

Coverage of Kalydeco is recommended in those who meet the following criteria:

FDA-Approved Indication

Cystic Fibrosis. Approve for 1 year if the patient meets ALL of the following (A, B, C, D and E):

Patient is ≥ 1 month of age; AND

Patient has at least ONE of the following mutations in the cystic fibrosis transmembrane conductance regulator gene that is considered to be a pathogenic or likely pathogenic variant: E56K, P67L, R74W, D110E, D110H, R117C, E193K, L206W, R347H, R352Q, A455E, D579G, S945L, S977F, F1052V, K1060T, A1067T, G1069R, R1070Q, R1070W, F1074L, D1152H, D1270N, G551D, G178R, S549N, S549R, G551S, G1244E, S1251N, S1255P, G1349D, 2789+5G \rightarrow A, 3272-26A \rightarrow G, 3849+10kbC \rightarrow T, 711+3A \rightarrow G, E831X, R117H, A120T, A234D, A349V, D192G, D924N, E882K, F311L, F311del, F508C, F508C;S1251N, G178E, G194R, G314E, G576A, G970D, G1249R, H939R, H1375P, I148T, I175V, I807M, I1027T, I1139V, L320V, L967S, L997F, L1480P, M152V, M952I, M952T, Q237E, Q237H, Q359R, Q1291R, R75Q, R117G, R117L, R117P, R170H, R347L, R553Q, R668C, R792G, R933G, R1162L, R1283M, S589N, S737F, S1159F, S1159P, T338I, T1053I, V232D, V562I, V754M, V1293G, W1282R, Y1014C, or Y1032C; AND

Patient meets at least ONE of the following (i, ii, or iii):

Positive cystic fibrosis newborn screening test; OR

Family of cystic fibrosis; OR

Clinical presentation consistent with signs and symptoms of cystic fibrosis; AND

Note: Examples of clinical presentation of cystic fibrosis include but are not limited to meconium ileus, sino-pulmonary symptoms (e.g., persistent cough, wheezing, pulmonary function tests consistent with obstructive airway disease, excess sputum production), bronchiectasis, sinusitis, failure to thrive, pancreatic insufficiency.

Patient has evidence of abnormal cystic fibrosis transmembrane conductance regulator function as demonstrated by at least ONE of the following (i, ii, or iii):

Elevated sweat chloride test; OR

Two cystic fibrosis-causing cystic fibrosis transmembrane conductance regulator mutations; OR

Abnormal nasal potential difference; AND

The medication is prescribed by or in consultation with a pulmonologist or a physician who specializes in the treatment of cystic fibrosis.

Conditions Not Recommended for Approval

Coverage of Kalydeco is not recommended in the following situations:

1. Cystic Fibrosis, Patient Homozygous for the F508del Mutation in the Cystic Fibrosis Transmembrane Conductance Regulator Gene. Efficacy results from a double-blind, placebo controlled trial in patients with cystic fibrosis who were homozygous for the F508del mutation in the cystic fibrosis transmembrane regulator gene showed no statistically significant difference in forced expiratory volume in 1 second (FEV1) over 16 weeks of Kalydeco treatment compared with placebo.¹ In a Phase II trial in patients homozygous for the F508del mutation (n = 112), Kalydeco did not result in an improvement in FEV1 relative to placebo.³

Cystic Fibrosis, Patient with Unknown Cystic Fibrosis Transmembrane Conductance Regulator Gene Mutation. An FDA-cleared cystic fibrosis mutation test should be used to detect the presence of the cystic fibrosis transmembrane conductance regulator mutation prior to use of Kalydeco.¹

Combination Therapy with Other Cystic Fibrosis Transmembrane Conductance Regulator Modulator(s). Orkambi[®] (lumacaftor/ivacaftor tablets and oral granules), Symdeko[®] (tezacaftor/ivacaftor; ivacaftor tablets), and Trikafta[®] (elexacaftor/tezacaftor/ivacaftor; ivacaftor tablets and oral granules).contain ivacaftor, the active agent in Kalydeco and therefore are not indicated in combination with Kalydeco.

Note: Examples of other cystic fibrosis transmembrane conductance regulator modulators are: Alyftrek[™] (vanzacaftor/tezacaftor/deutivacaftor tablets), Orkambi[®] (lumacaftor/ivacaftor tablets and oral granules), Symdeko[®] (tezacaftor/ivacaftor; ivacaftor tablets), Trikafta[®] (elexacaftor/tezacaftor/ivacaftor; ivacaftor tablets and oral granules).

Infertility. Kalydeco is indicated for the treatment of cystic fibrosis in a patient ≥ 1 month of age who has one mutation in the cystic fibrosis transmembrane conductance regulator gene that is responsive to Kalydeco based on clinical and/or in vitro assay data.¹

Note: A patient with a diagnosis of cystic fibrosis should be reviewed using criteria for the FDA-approved indication, above.

Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

References

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