



PHARMACY POLICY STATEMENT North Carolina Marketplace

DRUG NAME	Orkambi (lumacaftor/ivacaftor)
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy



For **reauthorization**:

1. Chart notes that show signs and symptoms of improvement, with any of the following:
 - a. Improved FEV1 and/or other lung function tests;
 - b. Improvement in sweat chloride;
 - c. Decrease in pulmonary exacerbations;
 - d. Decrease in pulmonary infections;
 - e. Increase in weight-gain;
 - f. Decrease in hospitalizations.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Orkambi (lumacaftor/ivacaftor) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
06/12/2017	