



**GEORGIA MEDICAID FEE-FOR-SERVICE  
CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR  
(CFTR) PROTEINS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Kalydeco (ivacaftor) Orkambi (lumacaftor/ivacaftor)	n/a

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

*Kalydeco*

- ❖ Approvable for members 2 years of age and older with a diagnosis of cystic fibrosis (CF) and one of the following mutations in the CFTR gene as detected by a cystic fibrosis (CF) mutation test: *G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, S549R or R117H.*

*Orkambi*

- ❖ Approvable for members 12 years of age and older with a diagnosis of cystic fibrosis (CF) who are homozygous for the *F508del* mutation in the CFTR gene as detected by a CF mutation test.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827.**

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.