



**Office of Pharmacy Service
Prior Authorization Criteria**

Kayldeco (ivacafotr)

Prior authorization requests for Kalydeco will be authorized if the patient meets the following criteria:

1. Diagnosis of cystic fibrosis with a G551D mutation in the CFTR gene
2. Greater than six (6) years of age
3. No concurrent therapy with rifampin, rifabutin, phenobarbital, carbamazepine, phenytoin or St. John's wort
4. Dosage does not exceed 150 mg. twice daily.

Vertex Pharmaceutical
Cambridge, MA 2012
Reviewed and Approved by DUR Board
May 23, 2012