



Medicare Part D – 2016

Prior Authorization Group Description

ORKAMBI

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Required Medical Information:

Presence of homozygous F508del mutation in an FDA-cleared cystic fibrosis mutation test

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of benefit

Other Criteria: