



Commercial/Health Care Exchange Quantity Limit Criteria
Effective: August 28th, 2018

Quantity Limit Name: Orkambi

Products Affected: Orkambi (ivacaftor-lumacaftor) oral tablets, Orkambi (ivacaftor-lumacaftor) oral granules

Type of Quantity Limit:

- FDA maximum
- Usual Daily Frequency
- Split fill
- Other (Please specify): _____

Limits to be applied:

Coverage will be provided only up to the limits specified below.

Orkambi (ivacaftor-lumacaftor) oral tablets: 120 tablets per 30 days
Orkambi (ivacaftor-lumacaftor) oral granules: 60 packets per 30 days

References:

1. Orkambi [prescribing information]. Cambridge, MA: Vertex Pharmaceuticals, Inc; August 2018.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy Quantity limit addition	Added quantity limits for new Orkambi dose form/strength	Limits to be applied	8/28/18

