HAP CareSource™

PHARMACY POLICY STATEMENT
HAP CareSource™ Marketplace

DRUG NAME	**Alyftrek (vanzacaftor/tezacaftor/deutivacaftor)**
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Alyftrek, approved in 2024, is a combination of deutivacaftor (cystic fibrosis transmembrane conductance regulator (CFTR) potentiator) tezacaftor, and vanzacaftor indicated for the treatment of cystic fibrosis (CF) in patients aged 6 years and older who have at least one F508del mutation or another responsive mutation in the CFTR gene.
Cystic fibrosis is an autosomal recessive disease in which patients can have abnormal airways secretions, chronic endobronchial infection, and progressive airway obstruction.

Alyftrek (vanzacaftor/tezacaftor/deutivacaftor) will be considered for coverage when the following criteria are met:

Cystic Fibrosis (CF)

For **initial** authorization:

1. Member is at least 6 years of age; AND
2. Medication must be prescribed by or in consultation with a pulmonologist or an infectious disease specialist; AND
3. Member has a diagnosis of cystic fibrosis; AND
4. Member has documentation of genetic testing in chart notes with at least one F508del mutation in the CFTR gene; OR
5. Member has had genetic testing documented in chart notes with at least one of the following mutations in the CFTR gene: A455E, G551D, L1077P, R352Q, S549N, V754M, D1152H, G85E, L206W, R75Q, S549R, W1098C, F508del, H1054D, M1101K, S1159F, S945L, W1282R, G1244E, I336K, R1066H, S1251N, V562I, Y563N, 1507_1515del9, E116Q, G424S, I556V, P140S, R334L, T1053I, 2183A→G, E193K, G463V, I601F, P205S, R334Q, T1086I, 3141del9, E292K, G480C, I618T, P499A, R347H, T1246I, 3195del6, E403D, G480S, I807M, P5L, R347L, T1299I, 3199del6, E474K, G551A, I980K, P574H, R347P, T338I, 546insCTA, E56K, G551S, K1060T, P67L, R352W, T351I, A1006E, E588V, G576A, K162E, P750L, R516G, T604I, A1067P, E60K, G576A;R668C, K464E, P99L, R516S, V1153E, A1067T, E822K, G622D, L1011S, Q1100P, R553Q, V1240G, A107G, E92K, G628R, L102R, Q1291R, R555G, V1293G, A120T, F1016S, G91R, L1065P, Q1313K, R560S, V201M, A234D, F1052V, G970D, L1324P, Q237E, R560T, V232D, A309D, F1074L, G970S, L1335P, Q237H, R668C, V392G, A349V, F1099L, H1085P, L137P, Q359R, R709Q, V456A, A46D, F1107L, H1085R, L1480P, Q372H, R74Q, V456F, A554E, F191V, H1375P, L15P, Q452P, R74W, V520F, A559T, F200I, H139R, L165S, Q493R, R74W, D1270N, V603F, A559V, F311del, H199R, L320V, Q552P, R74W, V201M, W361R, A561E, F311L, H199Y, L333F, Q98R, R74W, V201M;D1270N, Y1014C, A613T, F508C, H609R, L333H, R1048G, R75L, Y1032C, A62P, F508C;S1251N, H620P,

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L346P, R1066C, R751L, Y109N, A72D, F575Y, H620Q, L441P, R1066L, R792G, Y161D, C491R, F587I, H939R, L453S, R1066M, R933G, Y161S, D110E, G1047R, H939R;H949L, L619S, R1070Q, S1045Y, Y301C, D110H, G1061R, I1027T, L967S, R1070W, S108F, Y569C, D1270N, G1069R, I105N, L997F, R1162L, S1118F, Y913C, D1445N, G1123R, I1139V, M1101R, R117C, S1159P, D192G, G1247R, I1234Vdel6aa, M1137V, R117C;G576A;R 668C, S1235R, D443Y, G1249R, I125T, M150K, R117G, S1255P, D443Y;G576A;R 668C, G126D, I1269N, M152V, R117H, S13F, D513G, G1349D, I331N, M265R, R117L, S341P, D565G, G149R, I1366N, M952I, R117P, S364P, D579G, G178E, I1398S, M952T, R1283M, S492F, D614G, G178R, I148N, N1088D, R1283S, S549I, D836Y, G194R, I148T, N1303I, R170H, S589N, D924N, G194V, I175V, N1303K, R258G, S737F, D979V, G27E, I502T, N186K, R297Q, S912L, D993Y, G27R, I506L, N187K, R31C, S977F, E116K, G314E, I506T, N418S, R31L, T1036N, 1341G→A 2789+2insA, 3041-15T→G, 3849+10kbC→T, 3850-3T→G, 5T;TG13, 711+3A→G, 1898+3A→G, 2789+5G→A, 3272-26A→G, 3849+4A→G, 4005+2T→C, 621+3A→G, E831X, 2752-26A→G, 296+28A→G, 3600G→A, 3849+40A→G, 5T;TG12; AND

6. Baseline liver function tests (LFTs) have been or will be completed; AND
7. Provider attests member does NOT have severe hepatic impairment (Child-Pugh Class C).
8. **Dosage allowed/Quantity limit:** see table below. Quantity limit: 1 carton per 28 days.

Recommended Dosage for Adult and Pediatric Patients Aged 6 Years and Older (with fat-containing food) (2.2)		
Age	**Weight**	**Once Daily Oral Dosage**
6 to less than 12 years old	Less than 40 kg	Three tablets of vanzacaftor 4 mg/tezacaftor 20 mg/deutivacaftor 50 mg
	Greater than or equal to 40 kg	Two tablets of vanzacaftor 10 mg/tezacaftor 50 mg/deutivacaftor 125 mg
12 years and older	Any Weight	Two tablets of vanzacaftor 10 mg/tezacaftor 50 mg/deutivacaftor 125 mg

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Chart notes must show improvement or stabilized signs and symptoms of disease such as 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.

HAP CareSource considers Alyftrek (vanzacaftor/tezacaftor/deutivacaftor) 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
01/17/2025	New policy for Alyftrek created.

References:

1. Alyftrek [prescribing information]. Vertex Pharmaceuticals Incorporated; 2025.
2. Ren CL, Morgan RL, Oermann C, et al. Cystic Fibrosis Foundation Pulmonary Guidelines. Use of Cystic Fibrosis Transmembrane Conductance Regulator Modulator Therapy in Patients with Cystic Fibrosis. Ann Am Thorac Soc. 2018;15(3):271-280. doi:10.1513/AnnalsATS.201707-539OT.
3. Farrell PM, White TB, Ren CL, et al. Diagnosis of Cystic Fibrosis: Consensus Guidelines from the Cystic Fibrosis Foundation [published correction appears in J Pediatr. 2017 May;184:243]. J Pediatr. 2017;181S:S4-S15.e1. doi:10.1016/j.jpeds.2016.09.064.
4. Southern KW, Castellani C, Lammertyn E, et al. Standards of care for CFTR variant-specific therapy (including modulators) for people with cystic fibrosis. J Cyst Fibros. 2023;22(1):17-30. doi:10.1016/j.jcf.2022.10.002

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Revised date: 01/17/2025