

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 1469-2
Program	Prior Authorization/Notification
Medication	Alyftrek™ (vanzacaftor/tezacaftor/deutivacaftor)
P&T Approval Date	2/2025, 2/2026
Effective Date	5/1/2026

1. Background:

Alyftrek is a combination of deutivacaftor, a 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.

If the patient’s genotype is unknown, an FDA-cleared CF mutation test should be used to confirm the presence of at least one indicated mutation.

Members will be required to meet the coverage criteria below.

2. Coverage Criteria^a:

A. Initial Authorization

1. Alyftrek will be approved based upon **all** of the following criteria:

a. Diagnosis of cystic fibrosis (CF)

-AND-

b. Documentation confirming the patient has at least **one** of the following responsive mutations in the CFTR gene*:

- (1) F508del mutation
- (2) A mutation that is responsive based on clinical data
- (3) A mutation that is responsive based on in vitro data
- (4) A mutation that is responsive based on extrapolation data

*List of CFTR gene mutations responsive to Alyftrek. A complete up to date list of responsive mutations can be referenced in the Alyftrek Prescribing Information.

Based on clinical data**

<i>A455E</i>	<i>G551D</i>	<i>L1077P†</i>	<i>R352Q</i>	<i>S549N</i>	<i>V754M</i>	
<i>D1152H</i>	<i>G85E†</i>	<i>L206W</i>	<i>R75Q</i>	<i>S549R</i>	<i>W1098C†</i>	
<i>F508del†</i>	<i>H1054D</i>	<i>M1101K†</i>	<i>S1159F</i>	<i>S945L</i>	<i>W1282R</i>	
<i>G1244E</i>	<i>I336K</i>	<i>R1066H</i>	<i>S1251N</i>	<i>V562I</i>	<i>Y563N†</i>	

Based on in vitro data‡

<i>1507_1515del9</i>	<i>E116Q</i>	<i>G424S</i>	<i>I556V</i>	<i>P140S</i>	<i>R334L</i>	<i>T1053I</i>
<i>2183A→G</i>	<i>E193K</i>	<i>G463V</i>	<i>I601F</i>	<i>P205S</i>	<i>R334Q</i>	<i>T1086I</i>
<i>3141del9</i>	<i>E292K</i>	<i>G480C</i>	<i>I618T</i>	<i>P499A</i>	<i>R347H</i>	<i>T1246I</i>

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
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	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; R668C	S1235R	
D443Y	G1249R	I125T	M150K	R117G	S1255P	
D443Y; G576A; R668C§	G126D	I331N	M26SR	R117L	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	
Based on extrapolation¶						
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		
<p>** Clinical data is obtained from Trial 1, NCT05033080 and Trial 2, NCT05076149.</p> <p>† This mutation is also predicted to be responsive by FRT assay with Alyftrek.</p> <p>‡ The N1303K mutation is predicted to be responsive only by HBE assay. All other mutations predicted to be responsive with in vitro data are supported by FRT assay.</p> <p>§ Complex/compound mutations where a single allele of the <i>CFTR</i> gene has multiple mutations; these exist independent of the presence of mutations on the other allele.</p> <p>¶ Efficacy is extrapolated to certain non-canonical splice mutations because clinical trials in all mutations in this subgroup are infeasible and these mutations are not amenable to interrogation by FRT system.</p>						
<p>-AND-</p>						
<p>c. The patient is ≥ 6 years of age</p>						
<p>Authorization will be issued for 12 months.</p>						
<p>B. <u>Reauthorization</u></p>						
<p>1. Alyftrek will be approved based on the following criterion:</p>						
<p>a. Documentation of positive clinical response to Alyftrek therapy (e.g., improved lung function, stable lung function)</p>						
<p>Authorization will be issued for 12 months.</p>						
<p>^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>						

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Medical Necessity, Supply limits may be in place.

4. References:

1. Alyftrek [package insert]. Boston, MA: Vertex Pharmaceuticals, Inc.; September 2025.

Program	Prior Authorization/Notification – Alyftrek™ (vanzacaftor/tezacaftor/deutivacaftor)
Change Control	
2/2025	New program
2/2026	Annual review. No changes to coverage criteria. Updated reference.