Mass General Brigham
Health Plan

Amvuttra
Effective 02/01/2023

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Amvuttra (vutrisiran) is a transthyretin-directed small interfering RNA indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

Coverage Guidelines
Authorization may be granted for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization will be granted when **ALL** the following criteria has been met, and documentation has been submitted:

1. The member has a diagnosis of hereditary transthyretin-mediated amyloidosis with polyneuropathy
2. Provider documents in medical records of transthyretin (TTR) mutation
3. The member is not a liver transplant recipient
4. The member is at least 18 years of age
5. Prescribed by or in consultation with a neurologist or a provider who specialized in amyloidosis.
6. Provider documents baseline polyneuropathy disability (PND) score $\leq$ IIIb
7. The requested medication will not be used in combination with inotersen (Tegsedi), patisiran (Onpattro), or tafamidis (Vyndaqel, Vyndamax)

Continuation of Therapy
Reauthorization requires physician attestation that member meets the following criteria:

1. The member has a diagnosis of hereditary transthyretin-mediated amyloidosis with polyneuropathy
2. Provider documents in medical records of transthyretin (TTR) mutation

3. The member is at least 18 years of age
4. Prescribed by or in consultation with a neurologist or a provider who specialized in amyloidosis.
5. Positive response to therapy as documented by:
    a. Improved or stable motor function, neurological impairment, and quality of life
    b. Polyneuropathy disability (PND) score remains ≤ IIIb

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

References

1. Amvuttra [package insert]. Cambridge, MA: Alnylam Pharmaceuticals, Inc.; June 2022.
2. Ando Y, Coelho T, Berk JL, Cruz MW, Ericzon BG, Ikeda S, Lewis WD, Obici L, Planté-Bordeneuve V, Rapezzi C, et al. Guideline of transthyretin-related hereditary amyloidosis for clinicians. Orphanet J Rare Dis. 2013; 8:31.
3. Sekijima Y. Hereditary Transthyretin Amyloidosis. 2001 Nov 5 [Updated 2021 June 17]. In: Adam MP, Ardinger HH, Pagon RA, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2022. Available from: https://www.ncbi.nlm.nih.gov/books/NBK1194/. Accessed June 14, 2022.

Review History

11/16/2022 – Reviewed and created for Nov P&T. Effective 02/01/2023

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