

**Amvuttra (vutrisiran)  
 Onpattro (patisiran)  
 Effective 06/30/2023**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>			

### Overview

#### FDA-Approved Indication

Treatment of hereditary transthyretin mediated amyloidosis (hATTR) in adults

### Coverage Guidelines

Authorization may be reviewed on a case by case basis for members new to the plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

#### OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

#### **Amvuttra® (vutrisiran)**

1. Diagnosis of hATTR amyloidosis
2. Member is ≥18 years of age
3. Documentation of baseline polyneuropathy disability (PND) score of I, II, IIIa, or IIIb
4. Appropriate dosing

#### **Onpattro® (patisiran)**

1. Diagnosis of hATTR amyloidosis
2. Member is ≥18 years of age

3. Member's current weight (used to verify correct dosing)
4. Documentation of baseline polyneuropathy disability (PND) score of I, II, IIIa, or IIIb†
5. Appropriate dosing

**Continuation of Therapy**

Reauthorizations will be granted with documentation of **ALL** of the following:

1. Documentation of positive response to therapy
2. For Onpattro: Updated member weight

† The polyneuropathy disability score is an additional assessment tool with ranking based on classes I-IV. Higher scores are indicative of more impaired walking ability. The classes are defined as follows:

- I: preserved walking, sensory disturbances
- II: impaired walking without need for a stick or crutches
- IIIa: walking with one stick or crutch
- IIIb: walking with two sticks or crutches
- IV: confined to wheelchair or bedridden

**Limitations**

1. Initial approvals and reauthorizations for 12 months

**Appendix**

**Appendix A: Dosing**

Amvuttra 25mg/0.5mL	25mg once every 3 months
Onpattro 10mg/5mL	IV: Dosing is based on actual body weight
	< 100kg: 0.3mg/kg once every 3 weeks
	≥ 100kg: 30mg once every 3 weeks

**References**

1. Onpattro® [package insert] San Diego (CA): Alnylam Pharmaceuticals; 2021 May.
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3. Plante-Bordeneuve V. Update in the diagnosis and management of transthyretin familial amyloid polyneuropathy. *J Neurol.* 2014 Jun;261(6):1227-33.
4. Benson M. Liver transplantation and transthyretin amyloidosis. *Muscle Nerve.* 2013. 47:157–162.
5. Adams D, Suhr OB, Hund E, et al. First European consensus for diagnosis, management, and treatment of transthyretin familial amyloid polyneuropathy. *Current opinion in neurology.* 2016;29 Suppl 1:S14-26.
6. Ando Y, Coelho T, Berk JL, et al. Guideline of transthyretin-related hereditary amyloidosis for clinicians. *Orphanet J Rare Dis.* 2013;8:31.
7. Siddiqi OK, Ruberg FL. Cardiac amyloidosis: an update on pathophysiology, diagnosis, and treatment. *Trends Cardiovasc Med.* 2018; 28(1):10-21.
8. Gonzalez-Lopez E, Lopez-Sainz A, Garcia-Pavia P. Diagnosis and treatment of transthyretin cardiac amyloidosis. *Rev Esp Cardiol.* 2017; 70(11):991-1004.
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10. Nativi-Nicolau J, Maurer MS. Amyloidosis cardiomyopathy: update in the diagnosis and treatment of the most common types. *Curr Opin Cardiol.* 2018; 33(5): 571-579.
11. Brunjes DL, Castano A, Clemons A, et al. Transthyretin cardiac amyloidosis in older Americans. *J Card Fail.* 2016; 22(12): 996-1003.



12. Ruberg FL, Maurer MS, Judge DP, et al. Prospective evaluation of the morbidity and mortality of wild-type and V122I mutant transthyretin amyloid cardiomyopathy: the Transthyretin Amyloidosis Cardiac Study (TRACS). *Am Heart J.* 2012; 164(2): 222-228.
13. Fontana M. Cardiac amyloidosis: Clinical manifestations and diagnosis. In: Basow D (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate: 2020 [cited 2021 Aug 26]. Available from: <http://www.utdol.com/utd/index.do>.
14. Hafeez AS, Bavry AA. Diagnosis of Transthyretin Amyloid Cardiomyopathy. *Cardiol Therp.* 2020 Jun;9(1):85- 85.

### **Review History**

05/19/2021 – Created and Reviewed; separated out MH vs. Comm/Exch criteria. Effective 07/01/2021.

11/17/2021 – Reviewed and updated; added Tegsedi to policy. Matched MH UPPL effective 1/1/2022.

11/16/2022 – Reviewed and updated for Nov P&T. Matched MH UPPL. Criteria for Tegsedi updated to require a trial with either Onpattro or Amvuttra. Member stable on Tegsedi must meet initial criteria. Updated references. Effective 2/1/2023.

01/11/2023 – Reviewed and updated for Jan P&T. Admin update to Specialty limitations. No clinical changes.

03/15/23 - Review and updated for Mar P&T. Matched MH UPPL criteria. Added Amvuttra to policy. Effective 4/1/23

06/14/23 – Reviewed and updated for P&T. Separated out based on benefit, Rx vs MB. Effective 6/30/23

