Amvuttra (vutrisiran)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Amvuttra (vutrisiran) 25 mg/0.5 mL syringe	May be subject to quantity limit

APPROVAL CRITERIA

Initial requests for Amvuttra (vutrisiran) for polyneuropathy of transthyretin-mediated amyloidosis may be approved if the following criteria are met:

I. Individual has a diagnosis of hereditary transthyretin (hATTR) amyloidosis or familial amyloid polyneuropathy (FAP); **AND**
II. Documentation is provided that individual has a TTR mutation verified by genotyping (NCT 03759379); **AND**
III. Documentation is provided that individual has associated mild to moderate polyneuropathy (NCT 03759379).

Continuation requests for Amvuttra (vutrisiran) for polyneuropathy of transthyretin-mediated amyloidosis may be approved if the following criterion is met:

I. Individual has a diagnosis of polyneuropathy of hereditary transthyretin (hATTR) amyloidosis; **AND**
II. Documentation is provided that individual has a TTR mutation verified by genotyping (NCT 03759379); **AND**
III. Documentation is provided that there is clinically significant improvement or stabilization in clinical signs and symptoms of disease (including but not limited to improved ambulation, improvement in neurologic symptom burden, improvement in activities of daily living).

Initial requests for Amvuttra (vutrisiran) for cardiomyopathy of transthyretin-mediated amyloidosis may be approved if the following criteria are met:

I. Individual has a diagnosis of wild-type or hereditary transthyretin amyloid cardiomyopathy; **AND**
II. Documentation is provided that diagnosis has been demonstrated by (Dorbala 2021, Kittleson 2023):
    A. Endomyocardial or extracardiac biopsy; **OR**
    B. Both of the following:
        1. Radionuclide scintigraphy (^{99m}Tc-PYP/DPD/HMDP) with grade 2 or 3 uptake; **AND**

2. Absence of monoclonal protein on serum free light chain assay and serum and urine immunofixation; **AND**

III. Individual is using for the treatment of New York Heart Association class I, II or III heart failure symptoms.

Continuation requests for Amvuttra (vutrisiran) for cardiomyopathy of transthyretin-mediated amyloidosis may be approved if the following criterion is met:

I. Individual has a diagnosis of wild-type or hereditary transthyretin amyloid cardiomyopathy; **AND**
II. Documentation is provided that diagnosis has been demonstrated by (Dorbala 2021, Kittleson 2023):
   A. Endomyocardial or extracardiac biopsy; **OR**
   B. Both of the following:
      1. Radionuclide scintigraphy (99mTc-PYP/DPD/HMDP) with grade 2 or 3 uptake; **AND**
      2. Absence of monoclonal protein on serum free light chain assay and serum and urine immunofixation; **AND**
III. Documentation is provided that there is clinically significant improvement or stabilization in clinical signs and symptoms of disease (including but not limited to reduction in hospitalizations or urgent heart failure visits, improvement or stabilization in 6-Minute Walk Test, improvement in symptom burden or frequency).

Requests for Amvuttra (vutrisiran) may not be approved for the following:

I. Individual has a history of liver or heart transplantation; **OR**
II. Individual has sensorimotor or autonomic neuropathy not related to hATTR amyloidosis (including but not limited to, monoclonal gammopathy, autoimmune disease) (NCT 03759379); **OR**
III. Individual is using in combination with Attruby, Onpattro, Tegsedi, Vyndaqel, Vyndamax, or Wainua; **OR**
IV. May not be approved when the above criteria are not met and for all other indications.

Key References:

1. Alnylam Pharmaceuticals. HELIOS-A: A Study of Vutrisiran (ALN-TTRSC02) in Patients With Hereditary Transthyretin Amyloidosis (hATTR Amyloidosis). NLM Identifier: NCT 03759379. Last updated: June 29, 2025. Available at: https://clinicaltrials.gov/study/NCT03759379?term=NCT03759379&rank=1. Accessed: July 5, 2025.
2. Ando Y, Coelho T, Berk JL, et. al. Guideline of transthyretin-related hereditary amyloidosis for clinicians. *Orphanet J Rare Dis*. 2013;8(31).
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: June 21, 2025.
4. Dorbala S, Ando Y, Bokhari S, et. al. ASNC/AHA/ASE/EANM/HFSA/ISA/SCMR/SNMMI Expert Consensus Recommendations for Multimodality Imaging in Cardiac Amyloidosis: Part 2 of 2-Diagnostic Criteria and Appropriate Utilization. *Circ Cardiovasc Imaging*. 2021;14:e30.
5. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.

6. Fontana M. Cardiac amyloidosis: Treatment and prognosis. Last updated: February 6, 2025. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: July 2, 2025.
7. Fontana M. Cardiac amyloidosis: Epidemiology, clinical manifestations, and diagnosis. Last updated: May 2, 2024. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: July 2, 2025.
8. Fontana M, Berk JL, Gillmore JD, et al. Vutrisiran in Patients with Transthyretin Amyloidosis with Cardiomyopathy. *N Engl J Med*. 2025;392(1):33-44.
9. Gertz MA, Benson MD, Dyck PJ, et. al. Diagnosis, Prognosis, and Therapy of Transthyretin Amyloidosis. *J Am Coll Cardiol*. 2015;66(21):2451-2466.
10. Heidenreich P, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure. *J Am Coll Cardiol*. 2022 May;79(17):e263–e421.
11. Kittleson M, Ruberg F, et al. 2023 ACC Expert Consensus Decision Pathway on Comprehensive Multidisciplinary Care for the Patient With Cardiac Amyloidosis: A Report of the American College of Cardiology Solution Set Oversight Committee. *JACC*. 2023; 81(11):1076–1126.
12. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.