# **Amvuttra™** (vutrisiran)



### **Pharmacy Coverage Policy**

Page: 1 of 2

Effective Date: September 28, 2022 Revision Date: September 27, 2023 Review Date: September 20, 2023

Line of Business: Medicare, Commercial, Medicaid - South Carolina, Medicaid - Ohio

Policy Type: Prior Authorization

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to date version.

Refer to <a href="http://apps.humana.com/tad/tad\_new/home.aspx">http://apps.humana.com/tad/tad\_new/home.aspx</a> to verify that this is the current version before utilizing.

#### **Products Affected**

Amvuttra subcutaneous syringe

#### **Listed Indications**

Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis

| Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis |  |
|---|--|
| Does the member meet all of the following criteria?             |  |
| Criteria #1   | The member is at least 18 years of age   |
| Criteria #2   | The member has documentation in the medical record of a mutation in the TTR gene   |
| Criteria #3   | The member currently experiences polyneuropathy and a comprehensive neurologic examination has ruled out other known causes of sensoriomotor/autonomic neuropathy (e.g. chronic inflammatory demyelinating polyneuropathy) |
| Criteria #4   | The member has a polyneuropathy disability score of IIIb or lower  |
| Criteria #5   | The member does not have a history of a previous liver transplant  |
| For continuation of therapy                                     | y requests, does the member meet all of the following renewal criteria?  |
| Renewal Criteria #1   | The member has demonstrated and maintained stability or an improvement in polyneuropathy disability score from baseline  |
| Renewal Criteria #2   | The member has not had a liver transplant  |
| Approval Duration   |  |
| Initial   | plan year duration   |
| Back to top   |  |

## Background

This is a prior authorization policy about Amvuttra (vutrisiran).

- Hereditary transthyretin-mediated amyloidosis is an inherited systemic disorder characterized by the extracellular deposition of misfolded transthyretin (TTR) proteins. TTR gene mutations destabilize the protein causing a tetramer dissociation into monomers, which aggregate into amyloid fibrils and further distribute and accumulate in organs throughout the body. Hereditary transthyretin-mediated amyloidosis differs from non-hereditary or wild-type transthyretin-mediated amyloidosis in that rather than primarily affecting the heart, hereditary transthyretin-mediated amyloidosis affects multiple organ systems including the heart, gastrointestinal tract, kidneys and nervous system. In addition to polyneuropathy caused by amyloid deposits in the nervous system, hereditary transthyretin-mediated amyloidosis can lead to significant disabilities including decreased ambulation with the loss of the ability to walk unaided, a reduced quality of life, and a decline in cardiac function. Hereditary transthyretin-mediated amyloidosis is rapidly progressive and often times fatal.
- Hereditary transthyretin-mediated amyloidosis is a relatively rare disease affecting approximately 50,000 individuals worldwide. Due to the
  progressive nature of the disease, managing symptoms and maintaining quality of life is an ongoing process. Prior to the FDA approval of
  siRNA molecules the only treatment was orthotopic liver transplantation (OLT).

#### Precautions

• Reduced serum vitamin A levels and recommended supplementation: Supplement with the recommended daily allowance of vitamin A. Refer to an ophthalmologist if ocular symptoms suggest a vitamin A deficiency.

#### Amvuttra™ (vutrisiran)

Effective Date: 9/28/2022 Revision Date: 9/27/2023

Review Date: 9/20/2023

Line of Business: Medicare, Commercial, Medicaid - South Carolina, Medicaid - Ohio

Policy Type: Prior Authorization

Page: 2 of 2

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to date version.

Refer to <a href="http://apps.humana.com/tad/tad\_new/home.aspx">http://apps.humana.com/tad/tad\_new/home.aspx</a> to verify that this is the current version before utilizing.

Amvuttra (vutrisiran) is a small interfering RNA (siRNA) that is directed to the liver, the primary site of TTR synthesis, by conjugation to a triantennary N-acetylgalactosamine (GalNAc) ligand that binds the asialoglycoprotein receptor expressed on the surface of hepatocytes. This conjugate enhances stability and allows for once every 3 month administration.

Amvuttra (vutrisiran) is a double-stranded siRNA-GaINAc conjugate that causes degradation of mutant and wild-type TTR mRNA through RNA interference, which results in a reduction of serum TTR protein and TTR protein deposits in tissues.

Amvuttra is indicated for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

Vutrisiran is available as Amvuttra 25mg/0.5mL single-dose prefilled syringe.

#### **Provider Claim Codes**

For medically billed requests, please visit <a href="https://www.humana.com/PAL">www.humana.com/PAL</a>. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

#### **Medical Terms**

Amvuttra; vutrisiran; subcutaneous; siRNA; small interfering RNA; hereditary transthyretin mediated amyloidosis; pharmacy

#### References

- 1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2021. URL: http://www.clinicalpharmacology.com. Updated periodically.
- 2. Lexi-Comp [database online]. Hudson, OH Lexi-comp, Inc.: URL: http://online.lexi.com. Updated periodically.
- 3. Micromedex Healthcare Series: DRUGDEX. Thomson Micromedex, Greenwood Village, CO. 2021. Updated periodically.
- 4. Amvuttra (vutrisiran) [package insert]. Cambridge, Massachusetts; Alnylam Pharmaceuticals, Inc. Revised February 2023.

#### **Disclaimer**

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. See the CMS website at <a href="http://www.cms.hhs.gov/">http://www.cms.hhs.gov/</a>. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise without permission from Humana.