Louisiana Medicaid
Vutrisiran (Amvuttra®)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for vutrisiran (Amvuttra®).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

Cardiomyopathy of Wild-type or Hereditary Transthyretin-mediated Amyloidosis

Approval Criteria for Initiation of Therapy

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of wild-type or variant transthyretin-mediated amyloidosis (ATTR-CM) confirmed by definitive tests [dates, type of testing, and results are **stated on the request**]; **AND**
- **ONE** of the following is true and **stated on the request**:
    - The recipient has a medical history of heart failure with at least one prior hospitalization for heart failure within 12 months prior to the date of the request [**List most recent date of hospitalization**]; **OR**
    - The recipient has clinical evidence of heart failure; **AND**
- The recipient does **NOT** have a diagnosis of New York Heart Association (NYHA) class IV heart failure; **AND**
- The prescriber **states on the request** that the requested medication is not prescribed concurrently with other TTR-directed therapy, such as Vyndamax™, Vyndaqel®, and Attruby™; **AND**
- This medication is prescribed by, or the request states that the medication is being prescribed in consultation with, a cardiologist or physician who specializes in the treatment of amyloidosis.

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that there is evidence of a positive response to therapy as indicated by either maintenance of the current condition or improvement in signs and symptoms compared to baseline (e.g. improved cardiac function, quality of life, slowing of disease progression, decreased hospitalizations); **AND**
- The prescriber **states on the request** that the requested medication is not prescribed concurrently with other TTR-directed therapy, such as Vyndamax™, Vyndaqel®, and Attruby™.

Duration of approval for initiation and continuation of therapy: 12 months

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Polyneuropathy of Hereditary Transthyretin-mediated Amyloidosis

Approval Criteria for Initiation of Therapy

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of polyneuropathy caused by hereditary transthyretin-mediated amyloidosis (hATTR-PN); **AND**
- The recipient has a transthyretin (TTR) mutation confirmed by genetic testing (date and result must be **stated on the request**]; **AND**
- The recipient has symptoms of polyneuropathy (e.g. impaired sensation, motor dysfunction, digestive system dysfunction) [must be **stated on the request**]; **AND**
- The prescriber **states on the request** that the requested medication is not prescribed concurrently with other TTR-directed therapy, such as Onpattro® and Wainua®; **AND**
- This medication is prescribed by, or the request states that the medication is being prescribed in consultation with, a neurologist or physician who specializes in the treatment of amyloidosis.

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that there is evidence of a positive response to therapy as indicated by either maintenance of the current condition or improvement in signs and symptoms compared to baseline (e.g. improved quality of life, slowing of disease progression); **AND**
- The prescriber **states on the request** that the requested medication is not prescribed concurrently with other TTR-directed therapy, such as Onpattro® and Wainua®.

Duration of approval for initiation and continuation of therapy: 12 months

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References

Amvuttra (vutrisiran) [package insert]. Cambridge, MA: Alnylam Pharmaceuticals, Inc; March 2025. https://www.alnylam.com/sites/default/files/pdfs/amvuttra-us-prescribing-information.pdf

ClinicalTrials.gov. HELIOS-A: A Study of Vutrisiran (ALN-TTRSC02) in Patients With Hereditary Transthyretin Amyloidosis (hATTR Amyloidosis). https://clinicaltrials.gov/study/NCT03759379?intr=NCT03759379%20&rank=1

ClinicalTrials.gov. HELIOS-B: A Study to Evaluate Vutrisiran in Patients With Transthyretin Amyloidosis With Cardiomyopathy. https://www.clinicaltrials.gov/study/NCT04153149

Siddiqi OK, Ruberg FL. Cardiac amyloidosis: an update on pathophysiology, diagnosis, and treatment. Trends Cardiovasc Med. 2018;28(1):10-21. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5741539/

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