PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDEMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Treatment of Hereditary Transthyretin-mediated Amyloidosis [Patisiran (e.g., Onpattro) and Vutrisiran (e.g., Amvuttra)]	2022042	Initial and authorization renewal criteria updated for Vutrisiran (e.g., Amvuttra) for cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis (attr-cm) indication. <u>CARDIOMYOPATHY OF WILD-TYPE OR HEREDITARY TRANSTHYRETIN-MEDIATED AMYLOIDOSIS (ATTR-CM)</u> INITIAL APPROVAL: 1. Individual is 18 years or older; AND 2. Documentation is provided that the diagnosis was confirmed by ONE of the following: a. A technetium pyrophosphate scan (i.e., nuclear scintigraphy) showing grade 2 or 3 cardiac uptake AND cardiac uptake AND Systemic light chain amyloidosis is ruled out by showing the absence of monoclonal proteins by ALL of the following tests: i. Serum kappa/lambda free light chain ratio; AND ii. Serum protein immunofixation; AND iii. Urine protein immunofixation; OR b. A tissue biopsy with confirmatory transthyretin (TTR) amyloid typing by mass spectrometry, immunoelectron microscopy, or immunohistochemistry; OR c. Individual had genetic testing which, according to the prescriber, identified transthyretin (TTR) pathogenic variant; AND Note: Examples of TTR variants include Val122Ile variant and Thr60Ala variant. If the individual has	No	January 27, 2027	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2022042

		wild-type amyloidosis, this is not a TTR pathogenic variant. 3. Diagnostic cardiac imaging has demonstrated cardiac involvement; AND Note: Examples of cardiac imaging include echocardiogram and cardiac magnetic imaging. Examples of cardiac involvement on imaging include increased thickness of the ventricular wall or interventricular septum. 4. Individual has New York Heart Association (NYHA) Functional Class I, II or III Heart Failure; AND 5. The medication is prescribed by or in consultation with a cardiologist or a physician who specializes in the treatment of amyloidosis; AND 6. Vutrisiran will not be used in combination with other medications indicated for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis or transthyretin-mediated amyloidosis-cardiomyopathy (e.g. acoramidis, eplontersen, inotersen, or patisiran). AUTHORIZATION RENEWAL: 1. Individual has a documentation of cardiomyopathy due to transthyretin-mediated amyloidosis; AND 2. Individual has a documentation of stabilization of disease; AND 3. Vutrisiran will not be used in combination with inotersen, or patisiran; AND 4. Manageable or no side effects.			