

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Amvuttra is a transthyretin-directed small interfering RNA indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) in adults.						
Exclusion Criteria	Must not be used in combination with TTR stabilizers (e.g., tafamidis) or TTR-lowering agents (e.g., Onpattro) – AND – Patient must not have had a liver transplant.						
Required Medical Information	Medical records supporting the request must be provided – AND – Must have documentation of a transthyretin (TTR) mutation (e.g., V30M) Must have documentation of a baseline polyneuropathy disability (PND) score less than or equal to IIIb and/or baseline FAP Stage 1 or 2 Must have documentation of clinical signs and symptoms of the condition (e.g., motor disability, peripheral/autonomic neuropathy, etc.).						
Other Criteria	For reauthorization: Must have a positive clinical response to Amvuttra compared to baseline (e.g., improved neuropathy symptoms, motor function, quality of life; slowing of disease progression).						
Age Restriction	Must be at least 18 years of age.						
Prescriber Restrictions	None.						
Coverage Duration	One year initial and reauthorization. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 1188 1511 1331"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J0225</td> <td>Injection, vutrisiran, 1 mg</td> <td>Billing unit: 1 mg 25mg/0.5ml SD syringe</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J0225	Injection, vutrisiran, 1 mg	Billing unit: 1 mg 25mg/0.5ml SD syringe
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025