Amvuttra (Vutrisiran)

Drug names	1. Amvuttra 2. Vutrisiran

Description	Amvuttra (vutrisiran) s used to treat polyneuropathy (damage of multiple nerves throughout the body) in adults with hereditary transthyretin-mediated amyloidosis (hATTR). It is administered by a subcutaneous injection that must be administered by a healthcare professional.

Table of Contents	The following topics are included in this document: • Commercial • Government Programs • Individual and Family Business (IFB)

Document history	The document history for the past 12 months is outlined below.

Date	Description
1.19.24	Updated to new template.

Commentary

Commercial

Introduction

This section applies to all Commercial members. Benefit details depend on the member's brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

Dean (DHP, Prevea360)

A Medical Policy, *Amvuttra (vutrisiran)*, applies.

Tip: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- **Requires prior authorization through health plan**. See *Initial Approval Criteria*.
  - **Important**: Check policy for limits or exclusions.
- If approved, quote office visit or outpatient hospital benefits.

Mayo Medical Plan (MMP)

Quote office visit or outpatient hospital benefits.

Medica (including MHPS)

A Pharmacy Clinical Guideline, *Amvuttra (vutrisiran)*, applies.

Tip: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- **Requires prior authorization through Magellan**. See *Initial Approval Criteria.*
  - **Important**: Check policy for limits or exclusions.
  - **ER or inpatient hospital POS**: PA is not required.
  - **Providers**: Certain providers are excluded. See [Injectable Drug Prior Authorization (Magellan Rx)](#).
- If approved, quote office visit or outpatient hospital benefits.

Document history

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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.

AccessAbility (SNBC), **Minnesota Senior Care Plus (MSC+)**	Medicaid only groups: • See Medicaid below. Medicare eligible groups: • Quote office visit or outpatient hospital benefits. • Follows Medicare guidelines. • Medicare is the primary payer. • If no Medicare eligibility, Medicaid applies. See Medicaid below.

AccessAbility Enhanced (I-SNBC),
 	
DUAL (MSHO)
	A Pharmacy Clinical Guideline, *Amvuttra (vutrisiran)*, applies.
	
	Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.
	
	• **Requires prior authorization through Magellan**. See *Initial Approval Criteria*.
	  − **Important**: Check policy for limits or exclusions.
	  − **ER or inpatient POS**: PA is not required.
	  − **Providers**: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).
	• If approved, quote office visit or outpatient hospital benefits.
	• Medica is the only payer.

Cost (Prime)	Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. • **Drug administration**: Quote office visit benefits. • **Injection (J-code)**: Quote *Part B Prescription Drugs* in the EOC. • Follows Medicare guidelines.

Med Advantage	A Pharmacy Clinical Guideline, *Amvuttra (vutrisiran)*, applies.
	
	Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.
	
	• **Requires prior authorization through Magellan**. See *Initial Approval Criteria*.
	  − **Important**: Check policy for limits or exclusions.
	  − **ER or inpatient POS**: PA is not required.
	  − **Providers**: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).
	• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.
	  − **Drug administration**: Quote office visit benefits.
	  − **Injection (J-code)**: Quote *Part B Prescription Drugs* in the EOC.
	• Follows Medicare guidelines.
	• Medica is the only payer.

Med Supp (Select, Signature)	Quote office visit or outpatient hospital benefits. • Follows Medicare guidelines. • Medicare supplement. • Medicare is the primary payer.

Medicaid	A Pharmacy Clinical Guideline, *Amvuttra (vutrisiran)*, applies.
	
	Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.
	
	• **Requires prior authorization through Magellan**. See *Initial Approval Criteria.*
	  − **Important**: Check policy for limits or exclusions.
	  − **ER or inpatient hospital POS**: PA is not required.
	  − **Providers**: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).
	• If approved, quote office visit or outpatient hospital benefits.

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Individual and Family Business (IFB)

Introduction

This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member's brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.

Dean (DHP, Medica formerly WellFirst, Prevea360)

A Medical Policy, *Amvuttra (vutrisiran)*, applies.

Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.

- **Requires prior authorization through health plan**. See *Initial Approval Criteria*.
  - **Important**: Check policy for limits or exclusions.
- If approved, quote office visit or outpatient hospital benefits.

Medica

A Pharmacy Clinical Guideline, *Amvuttra (vutrisiran)*, applies.

Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.

- **Requires prior authorization through Magellan**. See *Initial Approval Criteria*.
  - **Important**: Check policy for limits or exclusions.
  - **ER or inpatient hospital POS**: PA is not required.
  - **Providers**: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).
- If approved, quote office visit or outpatient hospital benefits.

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