

ATTR-CM Prior Authorization Checklist for AMVUTTRA® (vutrisiran)

Use the checklist below to help organize specific information about the patient's diagnosis and treatment history to complete an AMVUTTRA coverage request.

This document is provided for informational purposes only and is intended as a guide to support access to AMVUTTRA. You are responsible for providing information that completely and accurately represents your patient's circumstances. Use of this document does not guarantee coverage or reimbursement by any third-party payer.

Payers may require documentation of medical necessity criteria, drug information, and other information or documentation to support prior authorization and coverage decision making for AMVUTTRA. Prior authorization criteria vary by plan, and this information is provided only as a guide to support payer interaction and reimbursement. Please note that some payers may have specific forms that must be completed in order to request prior authorization or to document medical necessity. Providers should always check with their Medicare contractor, state Medicaid program, and private payers to confirm coverage requirements.

Prescriber and Patient Information

- AMVUTTRA is being prescribed by or in consultation with a cardiologist or any specialist who has expertise in or knowledge of the diagnosis or treatment of ATTR-CM
- Patient is ≥ 18 years of age^{1,2}

Diagnosis Codes^{1,3,a}

- E85.82: Wild-type transthyretin-related (ATTR) amyloidosis
- E85.4: Organ-limited amyloidosis (includes transthyretin-related (ATTR) familial amyloid cardiomyopathy)

Note: Use the same ICD-10-CM diagnosis code across all materials and patient documentation to minimize information discrepancy.

Relevant Imaging and Lab Results That May Be Included^{1,2,4}

- Negative serum free light chain test to rule out AL amyloidosis
- Confirmed cardiac amyloid deposition:
 - Nuclear scintigraphy **OR** Cardiac tissue biopsy
 - Nuclear scintigraphy tracers can include ^{99m}Tc-PYP, ^{99m}Tc-DPD, and ^{99m}Tc-HMDP.
- Confirmatory genetic test for hATTR-CM
- NYHA Class: I II III
- Echocardiogram or cardiac MRI
- Liver transplant: Yes No
- NT-proBNP level
- Troponin I/T level
- 6-minute walk test
- Relevant chart notes describing patient signs and symptoms or additional relevant findings and test results suggestive of ATTR-CM^b attached

Failure to provide chart notes can result in delayed reimbursement and/or claim denial.

^aProviders should consult the ICD-10-CM code book and use their own clinical judgment to confirm coding.

^bExample signs and symptoms include HFpEF, dyspnea, edema, atrial fibrillation, and left ventricular hypertrophy.⁴

^{99m}Tc-DPD=technetium-99m 3,3-diphosphono-1,2-propanodicarboxylic acid; ^{99m}Tc-HMDP=technetium-99m hydroxymethylene diphosphonate; ^{99m}Tc-PYP=technetium-99m pyrophosphate; AL=amyloid light chain; ATTR-CM=cardiomyopathy of transthyretin-mediated amyloidosis; hATTR-CM=cardiomyopathy of hereditary transthyretin-mediated amyloidosis; HFpEF=heart failure with preserved ejection fraction; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; MRI=magnetic resonance imaging; NT-proBNP=N-terminal pro-B-type natriuretic peptide; NYHA=New York Heart Association.

Reauthorization Information


- Patient had an office visit or telephone visit with a specialist within the past 12 months

Document any positive clinical response while on AMVUTTRA:

- Slowing or stabilization of disease progression
- Stable or improved quality of life
- Improved or stabilized symptoms

Visit www.amvuttrahcp.com to download a Sample Letter of Medical Necessity based on your patient's needs to supplement a request for AMVUTTRA



8AM-6PM, Monday-Friday  1-833-256-2748  1-833-256-2747

To learn more, visit www.AlnylamAssist.com/hcp/amvuttra

Indication

AMVUTTRA® (vutrisiran) is indicated for the treatment of the cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis (ATTR-CM) in adults to reduce cardiovascular mortality, cardiovascular hospitalizations and urgent heart failure visits.

Important Safety Information

Reduced Serum Vitamin A Levels and Recommended Supplementation

AMVUTTRA treatment leads to a decrease in serum vitamin A levels.

Supplementation at the recommended daily allowance (RDA) of vitamin A is advised for patients taking AMVUTTRA. Higher doses than the RDA should not be given to try to achieve normal serum vitamin A levels during treatment with AMVUTTRA, as serum vitamin A levels do not reflect the total vitamin A in the body.

Patients should be referred to an ophthalmologist if they develop ocular symptoms suggestive of vitamin A deficiency (e.g., night blindness).

Adverse Reactions

The most common adverse reactions ($\geq 5\%$) were pain in extremity, arthralgia, dyspnea, and vitamin A decreased.

For additional information about AMVUTTRA, please see full [Prescribing Information](#).

References: 1. AMVUTTRA Prescribing Information. Cambridge, MA: Alnylam Pharmaceuticals, Inc. 2. Fontana M, Berk JL, Gillmore JD, et al. Vutrisiran in patients with transthyretin amyloidosis with cardiomyopathy. *N Engl J Med*. 2025;392(1) (suppl):33-44. 3. Centers for Medicare & Medicaid Services. ICD-10. Accessed January 8, 2026. <https://www.cms.gov/medicare/coding-billing/icd-10-codes> 4. Jain A, Zahra F. Transthyretin amyloid cardiomyopathy (ATTR-CM). In: Ackley WB, Adolphe TS, Aeby TC, et al, eds. *StatPearls*. StatPearls Publishing; 2025. PMID:34662045.



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