SAMPLE LETTER OF MEDICAL NECESSITY TEMPLATE

**Use of AMVUTTRA® (vutrisiran) for the cardiomyopathy of transthyretin-mediated (ATTR) amyloidosis**

**To the HCP:** The following is a sample letter of medical necessity template that can be customized based on your patient’s medical history and demographic information using your independent clinical judgment. You are responsible for providing information that completely and accurately represents your patient’s circumstances. Please note that some payers may have specific forms that must be completed in order to request prior authorization or to document medical necessity. Use of this document does not guarantee coverage or reimbursement by any third-party payer.

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| --- | --- |
| [Date] | RE: [Patient Name] |
| [Medical Director Name] | [Group Number] |
| [Payer Name] | [Policy Number] |
| [Payer Address Line 1] | [Claim Number] |
| [Payer City, State, ZIP] | [Diagnosis, ICD-10] |

Dear [Medical Director],

I am writing this letter of medical necessity to request that my patient, [insert patient name], receive AMVUTTRA® (vutrisiran), a product that is approved by the United States Food and Drug Administration (FDA) for 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.1

Based on the clinical safety and efficacy data of AMVUTTRA, it is my medical opinion that initiating treatment with AMVUTTRA is appropriate and medically necessary at this time. The costs of AMVUTTRA therapy, including all administration services, should be reimbursed. The remainder of this letter describes the patient’s medical history, prognosis, and rationale for treatment with AMVUTTRA.

***Summary of Patient’s Medical History***

***[Please complete based on your patient’s medical history; delete any categories that are not pertinent to your patient]***

**Diagnosis of ATTR Amyloidosis**

□ Date of diagnosis of ATTR amyloidosis and method(s) of diagnosis:

* Date of diagnosis of ATTR amyloidosis: [Date]
* Assessments of TTR amyloid deposition: [Please describe the method for identification of TTR amyloid deposition (e.g., bone scintigraphy scans, cardiac scintigraphy scans, biopsy, mass spectrometry)]
* Other diagnostic evaluations: [If applicable - e.g., other abnormal test findings indicative of ATTR amyloidosis; please describe]
* Other clinical signs: [If applicable, please describe]

□ Genetic testing and family history of hereditary transthyretin-mediated (hATTR) amyloidosis:

* Genetic testing: [If applicable, provide results of your patient’s genetic testing including their genotype]
* Family history: [If applicable, provide a brief description of relevant family history (e.g., affected family members, known outcomes)]

**Current Signs and/or Symptoms of Cardiomyopathy of ATTR Amyloidosis**

□ Patient has signs or symptoms consistent with the cardiomyopathy of ATTR amyloidosis:

* *Please describe signs or symptoms* 
  + *Cardiac signs / symptoms (e.g., dyspnea, fatigue, edema, increased ventricular or atrial wall thickness, other hypertrophic features on echocardiography, intolerance to antihypertensive or heart failure medications due to symptomatic hypotension or orthostasis, discrepancy between LV wall thickness on imaging and QRS voltage on electrocardiogram, atrial fibrillation, AV block or prior pacemaker implantation, persistent mild increases in troponin levels, marked ECV expansion on CMR)*
  + *Non-cardiac signs / symptoms (e.g., diarrhea, constipation, delayed gastric emptying, symptoms of polyneuropathy or* *autonomic dysfunction, bilateral carpal tunnel syndrome, lumbar spinal stenosis, hip or knee arthroplasty, history of biceps tendon rupture)*

□ Disease stage: *[New York Heart Association (NYHA) Functional Class* ***OR*** *Gillmore Stage* ***OR*** *Columbia Stage; please describe]*

□ Previous and/or current treatment: [Describe previous and current treatment strategies (include treatments for cardiomyopathy manifestations [*e.g., dyspnea, fatigue, edema*]); include the dose, start date, end date (if applicable) of each treatment, and reason for discontinuation (if applicable)]

**Prognosis**

□ Summary of professional opinion of the patient’s likely prognosis or potential disease progression without treatment with AMVUTTRA® (vutrisiran): [please describe]

**I. ATTR Amyloidosis Disease Overview**

ATTR amyloidosis is a progressive, debilitating, and ultimately fatal disease caused by misfolded transthyretin (TTR) protein.2 In ATTR amyloidosis, misfolded TTR accumulates as amyloid deposits in multiple tissues including the nerves, heart, and gastrointestinal (GI) tract, with corresponding clinical manifestations.2-4 Because TTR-derived amyloid deposits may accumulate throughout the body, a range of clinical manifestations is possible in ATTR amyloidosis, with some patients experiencing manifestations that are limited to a single organ system and others experiencing multisystemic manifestations.2,5-8

In ATTR amyloidosis with cardiomyopathy (ATTR-CM), TTR-derived amyloid deposition in the myocardium causes the myocardial tissue to stiffen and the ventricular walls to thicken in a manner that prevents normal physiological functioning of the heart.9,10 This results in progressive cardiomyopathy and heart failure with multiple associated signs and symptoms. Accordingly, ATTR-CM is a rapidly progressing, debilitating, and ultimately fatal disease, with a median survival of 2.6 to 5.8 years.11-15

**II. AMVUTTRA Efficacy and Safety in the Phase 3 HELIOS-B Trial**

Evidence for the efficacy and safety of AMVUTTRA for the treatment of ATTR-CM in adults was provided by HELIOS-B (N=654), a global, randomized, double-blind, placebo-controlled, phase 3 study in which 654 patients were equally randomized to receive vutrisiran or placebo for 33-36 months. Forty percent of the study population was receiving background treatment with the TTR stabilizer tafamidis at baseline in both the vutrisiran and placebo arms.16 The 654 patients randomized to receive vutrisiran or placebo made up the overall population in HELIOS-B. In addition to the overall HELIOS-B population, a separate monotherapy population (N=395; vutrisiran: n=196; placebo: n=199), comprising patients in the overall population who were not receiving tafamidis at baseline, was also defined. All primary and secondary endpoints were assessed in both the overall population and the monotherapy population.16

In the overall population of patients, treatment with vutrisiran resulted in a lower risk of the primary composite endpoint of death from any cause and recurrent cardiovascular events through up to 36 months compared with placebo (hazard ratio in the overall population, 0.72; 95% confidence interval [CI], 0.56 to 0.93; P = 0.01) and a lower risk of the secondary endpoint of death from any cause through up to 42 months (hazard ratio, 0.65; 95% CI, 0.46 to 0.90; P = 0.01).16 In the monotherapy population, vutrisiran similarly reduced patients’ risk of the primary composite endpoint of death from any cause and recurrent cardiovascular events (hazard ratio in the monotherapy population, 0.67; 95% CI, 0.49 to 0.93; P = 0.02) and their risk for the secondary endpoint of death from any cause through up to 42 months (hazard ratio, 0.66; 95% CI, 0.44 to 0.97; P = 0.045) relative to placebo.16 Vutrisiran also provided statistically significant and clinically meaningful benefit versus placebo across all other secondary endpoints, reflecting the preservation of physical capacity (as measured by 6-minute walk test) and patient-reported health-status and health-related quality of life (as measured by Kansas City Cardiomyopathy Questionnaire overall summary score) and the prevention of heart failure worsening (as measured by New York Heart Association heart failure class) in both the overall and the monotherapy population.16

Vutrisiran had an acceptable safety profile in HELIOS-B. The incidence of adverse events among patients in the vutrisiran group was similar to or lower than that among the patients in the placebo group, a finding that is consistent with the known profile of the drug. No new safety signs were identified.

**III. Rationale for Treatment**

ATTR-CM is a progressive disease. Its natural history is marked by ongoing deterioration of heart function due to cardiac deposition of TTR amyloid, leading to declines over time in physical function and quality of life and subjecting patients to excess mortality risk. The use of efficacious treatments can provide meaningful benefit to patients in addressing these aspects of disease progression.17,18

AMVUTTRA demonstrated robust efficacy in ATTR-CM by meeting all prespecified primary and secondary endpoints in the HELIOS-B trial. This is especially noteworthy given its contemporary study population, such that the efficacy results in HELIOS-B are relevant to the current real-world ATTR-CM patient population.16 These results strongly support AMVUTTRA as a first-line treatment option for ATTR-CM.

Disease progression is observed in the absence of treatment. As ATTR amyloidosis progresses, management of the disease becomes increasingly difficult, subjecting patients to excess mortality risk. This is especially concerning given progression of the cardiomyopathy of ATTR amyloidosis is irreversible14. Treatment with an agent like vutrisiran, a silencer which reduces TTR production at the source, should be considered as a first line option.

**Closing Remarks**

*[Please provide closing comments relative to this patient’s case (e.g., given the patient’s existing signs and symptoms, the rapidly progressive nature of ATTR amyloidosis, and the efficacy and safety profile of AMVUTTRA, it is medically necessary and appropriate to initiate AMVUTTRA therapy using the FDA-approved dosing regimen.]*

Please contact my office at [insert phone number] if more information is needed. I look forward to receiving your timely response to this claim.

Sincerely,

[Insert physician name and provider number]

[Attachments: AMVUTTRA USPI (optional), and etc.]

References

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