Pharmacy Policy Bulletin

Title: Sodium phenylbutyrate and Taurursodiol (Relyvrio™)

Policy #: Rx.01.273

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the medical necessity criteria for Sodium phenylbutyrate and **Taurursodiol (Relyvrio™)** as provided under the member's prescription drug benefit.

Description:

Amyotrophic lateral sclerosis (ALS) is a progressive neurodegenerative disorder that causes muscle weakness, disability, and eventually death, with a median survival of three to five years. Incidence rates for ALS in Europe and North America range between 1.5 and 4.7 per 100,000 person-years, while prevalence rates range between 2.7 and 7.4 per 100,000 person-years. The loss of motor neurons results in the primary clinical symptoms and signs of ALS.

Sodium phenylbutyrate is a histone deacetylase inhibitor that reduces an adaptive stress response in the endoplasmic reticulum. Taurursodiol (also known as ursodoxicoltaurine) appears to increase the threshold of cellular apoptosis by maintaining mitochondrial integrity through reduced membrane permeability. A coformulation of both agents, sodium phenylbutyrate-taurursodiol (PB-TURSO), is used to reduce neuronal cell death.

Relyvrio™ is indicated for the treatment of amyotrophic lateral sclerosis (ALS) in adults.

Policy:

INITIAL CRITERIA Sodium phenylbutyrate and taurursodiol (Relyvrio™) is approved when ALL of the following are met:

1. Diagnosis of amyotrophic lateral sclerosis (ALS); and
2. Diagnosis of ALS is further supported by neurogenic changes in electromyography (EMG); and
3. Baseline functional ability has been conducted prior to initiating treatment (e.g., speech, walking, climbing stairs, etc.); and
4. Other differential diagnoses (e.g., multifocal motor neuropathy, cervical radiculomyelopathy, inflammatory myopathies, spinobulbar muscular atrophy, myasthenia gravis, etc.) have been ruled out); and
5. Member has a percent (%) forced vital capacity (%FVC) or slow vital capacity (%SVC) greater than or equal to 60% at the start of treatment; and
6. Member does not require permanent noninvasive ventilation or invasive ventilation; and
7. Member has had ALS symptoms for less than or equal to 18 months; and
8. Member is 18 years of age or older; and
9. Prescribed by or in consultation with a neurologist with expertise in the diagnosis of ALS

Initial authorization duration: 6 months

REAUTHORIZATION CRITERIA Sodium phenylbutyrate and taurursodiol (Relyvrio™) is re-approved when BOTH of the following are met:

1. Documentation of slowed disease progression from baseline; and
2. Prescribed by or in consultation with a neurologist with expertise in the diagnosis of ALS

Reauthorization duration: 6 months

Black Box Warning as shown in the drug Prescribing Information:

N/A

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

Maragakis NJ. Epidemiology and pathogenesis of amyotrophic lateral sclerosis. Post TW, ed. UpToDate. Waltham, MA: UpToDate Inc. http://www.uptodate.com. Accessed April 17, 2023.

Goyal NA. Disease-modifying treatment of amyotrophic lateral sclerosis. Post TW, ed. UpToDate. Waltham, MA: UpToDate Inc. http://www.uptodate.com. Accessed April 17, 2023.

Relyvrio™ (sodium phenylbutyrate and taurursodiol) [package insert]. Cambridge, MA: Amylyx Pharmaceuticals, Inc; September 2022. Available at https://www.relyvrio.com/RELYVRIO-US-Prescribing-Information.pdf. Accessed April 17, 2023.

Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Relyvrio™	Sodium phenylbutyrate and Taurursodiol

Cross References:

Rx.01.33 Off Label Use

Policy Version Number:	2.00
P&T Approval Date:	March 16, 2023
Policy Effective Date:	July 01, 2023
Next Required Review Date:	December 08, 2023

Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.