

Specialty Guideline Management

Relyvrio

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Relyvrio	sodium phenylbutyrate and taurursodiol

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications¹

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

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Chart notes, medical record documentation, and/or laboratory results supporting use as applicable in the coverage criteria and continuation of therapy sections.

- Initial Requests:
 - Diagnosis of probable or definite amyotrophic lateral sclerosis (ALS).
 - Forced Vital Capacity (FVC) or Slow Vital Capacity (SVC) results.

Reference number(s)
5632-A

- Continuation Requests:
 - Documentation of clinical benefit from therapy with the requested medication.

Prescriber Specialties

This medication must be prescribed by or in consultation with a neurologist, neuromuscular specialist, or physician specializing in the treatment of amyotrophic lateral sclerosis (ALS).

Coverage Criteria

Amyotrophic Lateral Sclerosis (ALS)¹⁻⁵

Authorization of 12 months may be granted for treatment of amyotrophic lateral sclerosis (ALS) when all of the following criteria are met:

- Member has a diagnosis of probable or definite ALS (e.g., medical history and/or diagnostic testing including, nerve conduction studies, imaging and laboratory values to support the diagnosis).
- Member is 18 years of age or older.
- Member has a forced vital capacity (FVC) > 60% or slow vital capacity (SVC) > 60% of predicted value for gender, height, and age.
- Member does not have a tracheostomy.

Continuation of Therapy

Authorization of 12 months may be granted for members requesting continuation of therapy when all of the following criteria are met:

- Member has a diagnosis of probable or definite amyotrophic lateral sclerosis (ALS).
- Member has a documented clinical benefit from therapy with the requested medication.
- Invasive ventilation or tracheostomy is not required.

References

- Relyvrio [package insert]. Cambridge, MA: Amylyx Pharmaceuticals, Inc.; September 2022.
- EFNS Task Force on Diagnosis and Management of Amyotrophic Lateral Sclerosis; Andersen PM, et al. EFNS guidelines on the Clinical Management of Amyotrophic Lateral Sclerosis (MALS) – revised report of an EFNS task force. Eur J Neurol. 2012;19(3):360-75.

3. Paganoni S, Macklin EA, Hendrix S, et al. Trial of sodium phenylbutyrate-aurursodiol for amyotrophic lateral sclerosis. *N Engl J Med* 2020; 383:919-30.
4. Paganoni S, Hendrix S, Dickson SP, et al. Long-term survival of participants in the CENTAUR trial of sodium phenylbutyrate-aurursodiol in amyotrophic lateral sclerosis. *Muscle Nerve* 2021; 63:31-9.
5. Paganoni S, Hendrix S, Dickson SP, et al. Effect of sodium phenylbutyrate/aurursodiol on tracheostomy/ventilation-free survival and hospitalization in amyotrophic lateral sclerosis: long-term results from the CENTAUR trial. *J Neurol Neurosurg Psychiatry* 2022.
6. Miller RG, Jackson CE, Kasarskis EJ, et al. Practice parameter update: the care of the patient with amyotrophic lateral sclerosis: multidisciplinary care, symptom management, and cognitive/behavioral impairment (an evidence-based review). *Neurology*. 2009; 73(15):1227-1233.
7. Pinto S, de Carvalho M. Correlation between Forced Vital Capacity and Slow Vital Capacity for the assessment of respiratory involvement in Amyotrophic Lateral Sclerosis: a prospective study. *Amyotrophic lateral sclerosis & frontotemporal degeneration*. 2017;18(1-2):86-91.