


AMVUTTRA® (vutrisiran) Product Characteristics

For information only. Not intended to provide reimbursement or legal advice.

<p>How supplied and physical characteristics</p> 	<p>AMVUTTRA is supplied as a 25 mg/0.5 mL solution in a single-dose 1 mL prefilled syringe made from Type I glass with stainless steel 29-gauge needle with a needle shield.¹</p> <p>AMVUTTRA is a sterile, preservative-free, clear, colorless-to-yellow solution for subcutaneous injection. The prefilled syringe components are not made with natural rubber latex.¹</p>								
<p>Prefilled syringe storage and handling</p>	<p>Store at 2°C to 30°C (36°F to 86°F) in the original carton, until ready for use. Do not freeze.¹</p>								
<p>National Drug Code (NDC)^a</p>	<p>10-digit: 71336-1003-1 11-digit: 71336-1003-01</p>								
<p>Specialty distributor</p>	<p>McKesson Specialty/McKesson Plasma and Biologics: 1-877-625-2566</p>								
<p>Specialty pharmacies</p>	<table><tr><td>Accredo Health Group Inc.:</td><td>CVS Specialty:</td></tr><tr><td>1-866-581-5248</td><td>1-866-526-4984</td></tr><tr><td>Orsini:</td><td>PANTHERx:</td></tr><tr><td>1-800-372-9581</td><td>1-833-789-3419</td></tr></table>	Accredo Health Group Inc.:	CVS Specialty:	1-866-581-5248	1-866-526-4984	Orsini:	PANTHERx:	1-800-372-9581	1-833-789-3419
Accredo Health Group Inc.:	CVS Specialty:								
1-866-581-5248	1-866-526-4984								
Orsini:	PANTHERx:								
1-800-372-9581	1-833-789-3419								
<p>Wholesale Acquisition Cost (WAC)</p>	<p>\$119,351 per prefilled syringe</p>								

^aPayer requirements regarding use of the 10-digit or 11-digit NDC code may vary. The 11-digit NDC code provided above has been converted from the 10-digit 5-4-1 format by inserting a zero at the appropriate section to align with Centers for Medicare & Medicaid Services (CMS) billing requirements.

How to get started with AMVUTTRA:

1. Together with your patient, complete the AMVUTTRA Start Form, available at www.AlnylamAssist.com. Start Forms can be submitted electronically, completed via DocuSign, or printed and faxed to **1-833-256-2747**
2. Within 2 business days, your patient's Alnylam Case Manager will provide you and your patient a comprehensive benefit verification
3. Alnylam Assist™ will send your patient's AMVUTTRA prescription to a specialty pharmacy and/or provide you with information about specialty distributors. For some patients, home administration by a healthcare professional may also be an option depending on their insurance

Reference: 1. AMVUTTRA Prescribing Information. Cambridge, MA: Alnylam Pharmaceuticals, Inc.



AMVUTTRA, Alnylam Assist, and their associated logos are trademarks of Alnylam Pharmaceuticals, Inc.
© 2023 Alnylam Pharmaceuticals, Inc. All rights reserved. TTRsc02-USA-00068-V3

