PRIOR AUTHORIZATION POLICY

POLICY: Neurology – Relyvrio Prior Authorization Policy
- Relyvrio™ (sodium phenylbutyrate and taurursodiol powder for oral suspension – Amylyx)

REVIEW DATE: 12/18/2024

OVERVIEW

Relyvrio, a combination product of sodium phenylbutyrate and taurursodiol, is indicated for the treatment of **amyotrophic lateral sclerosis** (ALS) in adults.[1]

Relyvrio has been withdrawn from the market after a required post-marketing clinical study (PHOENIX) failed to support the effectiveness of Relyvrio.[8] Relyvrio is no longer available for new patients as of April 4, 2024. For patients currently on therapy who wish to continue, in consultation with their physician, can be transitioned into Amylyx's free distribution program.[8]

Guidelines

The American Academy of Neurology practice parameter on the care of patients with ALS (last updated 2009; reaffirmed 2023) does not yet address Relyvrio; Radicava is also not addressed.[2,3] The practice parameter states that riluzole is safe and effective for slowing disease progression to a modest degree and should be offered to patients with ALS. However, riluzole may result in fatigue in some patients and if the risk of fatigue outweighs modest survival benefits, discontinuation of riluzole may be considered. Referral to a specialized multidisciplinary clinic should be considered for patients with ALS to optimize health care delivery, prolong survival, and enhance quality of life. Additionally, noninvasive mechanical ventilation may lengthen survival and can be considered to improve quality of life and slow forced vital capacity decline. The European Federation of Neurological Societies guidelines on the clinical management of ALS (2012) also recommend patients be offered treatment with riluzole as early as possible after diagnosis.[4] However, patients with progressive muscular atrophy, primary lateral sclerosis, or hereditary spastic paraplegia should not be treated with riluzole. New guidelines on the management of ALS were presented at the European Academy of Neurology 2023 meeting and are expected to be published before the end of 2023.[5] The recommendations during this meeting stated the riluzole should be offered lifelong to all ALS patients at diagnosis and a single daily dose of 50 mg can be effective.[7] The Canadian best practice recommendations for the management of ALS state that riluzole has demonstrated efficacy in improving survival in ALS and there is evidence that riluzole prolongs survival by a median duration of 3 months.[6] Riluzole should be started soon after the diagnosis of ALS.

POLICY STATEMENT

Due to the lack of clinical efficacy data, **approval is not recommended** for Relyvrio.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

None.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Relyvrio is not recommended in the following situations:

1. **Amyotrophic Lateral Sclerosis (ALS).** Approval is not recommended due to the unclear clinical benefit of Relyvrio and lack of clinical efficacy data.[7] The preliminary evidence demonstrates a potentially minimal clinical benefit that is confounded to interpret (e.g., two-point difference in the ALS functional rating scale – revised [ALSFRS-R] mean score). The efficacy data for Relyvrio are not convincing and have many limitations in analysis. The post-marketing clinical study (PHOENIX) failed to support the effectiveness of Relyvrio.[8]

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Relyvrio™ oral suspension [prescribing information]. Cambridge, MA: Amylyx; September 2022.
2. 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 (reaffirmed 2020);73(15):1227-1233.
3. Miller RG, Jackson CE, Kasarskis EJ, et al. Practice parameter update: the care of the patient with amyotrophic lateral sclerosis: drug, nutritional, and respiratory therapies (an evidence-based review). *Neurology*. 2009;73:1218-1226.
4. Andersen PM, Abrahams S, Borasio GD, 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):360-375.
5. New EAN Guidelines on ALS Management. Physican's Weekly. July 10, 2023. Available at: https://www.physiciansweekly.com/new-ean-guidelines-on-als-management/. Accessed on August 3, 2023.
6. Shoesmith C, Abrahao A, Benstead T, et al. Canadian best practice recommendations for the management of amyotrophic lateral sclerosis. *CMAJ*. 2020;192(46):E1453-E1468.
7. Paganoni S, Macklin EA, Hendrix S, et al. Trial of sodium phenylbutyrate-taurursodiol for amyotrophic lateral sclerosis. *N Engl J Med*. 2020 Sep 3;383(10):919-930.
8. Amylyx Pharmaceuticals Announces Formal Intention to Remove RELYVRIO®/ALBRIOZA™ from the Market; Provides Updates on Access to Therapy, Pipeline, Corporate Restructuring, and Strategy [press release]. Cambridge, MA: Amylyx; April 4, 2024. Available at : https://www.amylyx.com/news/amylyx-pharmaceuticals-announces-formal-intention-to-remove-relyvrior/albriozatm-from-the-market-provides-updates-on-access-to-therapy-pipeline-corporate-restructuring-and-strategy. Accessed on April 10, 2024.