

## Vutrisiran: Transition from Antisense Oligonucleotide

The following information is provided in response to your unsolicited inquiry. It is intended to provide you with a review of the available scientific literature and to assist you in forming your own conclusions in order to make healthcare decisions. This document is not for further dissemination or publication without authorization.

The full Prescribing Information for AMVUTTRA® (vutrisiran) is provided [here](#). Alnylam Pharmaceuticals does not recommend the use of its products in any manner that is inconsistent with the approved Prescribing Information. This resource may contain information that is not in the approved Prescribing Information.

If you are seeking additional scientific information related to Alnylam medicines, you may visit the Alnylam US Medical Affairs website at [RNAiScience.com](http://RNAiScience.com).

### SUMMARY

- Clinical trials designed to evaluate the transition from an antisense oligonucleotide (e.g., inotersen, eplontersen) to vutrisiran have not been conducted to date.
- In the HELIOS-A and HELIOS-B studies, patients that had received prior TTR-lowering treatment or participated in a gene therapy trial for hATTR were excluded.<sup>1,2</sup>

### INDEX

[Clinical Data](#) – [Abbreviations](#) – [References](#)

### CLINICAL DATA

#### HELIOS-A

HELIOS-A was a phase 3, global, randomized, open-label study designed to evaluate the efficacy and safety of vutrisiran in patients with hATTR-PN. Patients were randomized (3:1) to receive either vutrisiran 25 mg every 3 months by subcutaneous injection (n=122) or patisiran 0.3 mg/kg every 3 weeks by IV infusion (as a reference group, n=42) for 18 months. This study used the placebo arm of the APOLLO study as an external control arm (n=77) for the primary endpoint and most other efficacy endpoints. The primary endpoint was the change from baseline in mNIS+7 at 9 months.<sup>3</sup>

#### Exclusion Criteria

Patients were excluded from the study if the following criterion applied<sup>1</sup>:

- Received prior TTR-lowering treatment or participated in a gene therapy trial for hATTR

#### HELIOS-B

HELIOS-B was a phase 3, global, randomized, double-blind, placebo-controlled, multicenter study designed to evaluate the efficacy and safety of vutrisiran in patients with ATTR-CM, including both hATTR and wtATTR. Patients were randomized (1:1) to receive either vutrisiran 25 mg (n=326) or placebo (n=329) every 3 months by subcutaneous injection for up to 36 months. The primary endpoint was the composite endpoint of all-cause mortality and recurrent CV events (CV hospitalizations and

urgent heart failure visits) at the end of the double-blind exposure period in the overall population and in the vutrisiran monotherapy population (patients not receiving tafamidis at baseline).<sup>4</sup>

### Exclusion Criteria

Patients were excluded from the study if the following criterion applied<sup>2</sup>:

- Received prior TTR-lowering treatment or participated in a gene therapy trial for hATTR

## ABBREVIATIONS

ATTR-CM = transthyretin amyloidosis with cardiomyopathy; CV = cardiovascular; hATTR = hereditary transthyretin amyloidosis; hATTR-PN = hereditary transthyretin amyloidosis with polyneuropathy; IV = intravenous; mNIS+7 = modified Neuropathy Impairment Score +7; TTR = transthyretin; wtATTR = wild-type transthyretin amyloidosis.

Updated 20 March 2026

## REFERENCES

1. Alnylam Pharmaceuticals. Data on file. MED-ALL-TTRSC02-2300015.
2. Protocol for: Fontana M, Berk JL, Gillmore JD, et al. Vutrisiran in patients with transthyretin amyloidosis with cardiomyopathy. *N Engl J Med.* 2025;392(1):33-44. doi:10.1056/NEJMoa2409134
3. Adams D, Tournev IL, Taylor MS, et al. Efficacy and safety of vutrisiran for patients with hereditary transthyretin-mediated amyloidosis with polyneuropathy: a randomized clinical trial. *Amyloid.* 2023;30(1):18-26. doi:10.1080/13506129.2022.2091985
4. Fontana M, Berk JL, Gillmore JD, et al. Vutrisiran in patients with transthyretin amyloidosis with cardiomyopathy. *N Engl J Med.* 2025;392(1):33-44. doi:10.1056/NEJMoa2409134