Protocol for Transthyretin-mediated Amyloidosis (ATTR) Products

Approved October 2024

Non-Preferred Agents:
Onpattro (patisiran)
Vyndaqel and Vyndamax (tafamidis meglumine)
Tegsedi (inotersen)
Amvuttra (vutrisiran)
Wainua (eplontersen)

Addendum: Add two new products recently approved by the FDA (Amvuttra – June 2022; Wainua – December 2023)

Background:

Onpattro® (patisiran) and Amvuttra® (vutrisiran) *contains a transthyretin-directed small interfering RNA and is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.*

Vyndaqel® *(tafamidis meglumine) and* ***Vyndamax®*** *(tafamidis) are transthyretin stabilizers indicated for the treatment of the cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis in adults to reduce cardiovascular mortality and cardiovascular-related hospitalization.*

Tegsedi® *(inotersen) and* ***Wainua® (eplontersen)*** *are a transthyretin-directed antisense oligonucleotide indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.*

Criteria for approval:

1. Documentation of diagnosis is confirmed by genotyping, biopsy, immunohistochemical analysis, scintigraphy, or mass spectrometry
2. Medication is prescribed by or in consultation with a neurologist, cardiologist, or another specialist in the treatment of ATTR.
3. Patient has clinical signs and symptoms of the disease (e.g., peripheral sensorimotor polyneuropathy, motor disability, cardiovascular dysfunction, carpal tunnel syndrome)
4. Weight should be made available for drugs that have weight-based dosing. Height and weight should be made available for drugs that have dosing based on body surface area.
5. Patient is of the FDA-labeled or compendial approved age
6. Patient has no FDA-labeled contraindications to the requested drug
7. Medication is prescribed in accordance with a Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with a medically-appropriate off-label indication and dosing according to American Hospital Formulary Service, Micromedex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs (Lexicomp), national guidelines, or other peer-reviewed evidence

8. Medication will not be used concurrently with other transthyretin-mediated amyloidosis (ATTR) products

9. **For Onpattro, Amvuttra and Wainua requests:**
    a. Patient has a diagnosis of polyneuropathy of hereditary transthyretin-mediated amyloidosis

10. **For Vyndaqel® and Vyndamax® requests:**
    a. Medication is being used to treat cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis (ATTR-CM) to reduce cardiovascular mortality and cardiovascular-related hospitalization

11. **For Tegsedi® requests:**
    a. Patient has a diagnosis of polyneuropathy of hereditary transthyretin-mediated amyloidosis

Continuation of therapy:

1. Documentation that patient has experienced a positive clinical response to medication (e.g., improved neurologic impairment, motor function, quality of life
2. Medication will not be used concurrently with other transthyretin-mediated amyloidosis (ATTR) products
3. Medication is prescribed in accordance with a Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with a medically appropriate off-label indication and dosing according to American Hospital Formulary Service, Micromedex, Clinical Pharmacology, or national guidelines.
4. For dose increases, weight should be made available for drugs that have weight-based dosing and height and weight should be made available for drugs that have dosing based on body surface area.

Initial and Renewal Approval Duration: 12 Months

Quantity Level Limit: Reference formulary for drug specific quantity level limits

Tegsedi Boxed Warning

WARNING: THROMBOCYTOPENIA AND GLOMERULONEPHRITIS See full prescribing information for complete boxed warning. Thrombocytopenia: TEGSEDI causes reductions in platelet count that may result in sudden and unpredictable thrombocytopenia, which can be life-threatening. Testing prior to treatment and monitoring during treatment is required. Glomerulonephritis: TEGSEDI can cause glomerulonephritis that may require immunosuppressive treatment and may result in dialysis dependent renal failure. Testing prior to treatment and monitoring during treatment is required TEGSEDI is available only through a restricted distribution program called the TEGSEDI REMS Program

References:

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2. Vyndaqel (tafamidis meglumine) and Vyndamax (tafamidis) [package insert]. Pfizer Labs Inc. NY, NY 10017. May 2019.
3. Tegsedi [package insert]. Ionis Pharmaceuticals, Inc. Carlsbad, CA 92010. October 2018

4. Amvuttra [package insert]. Alnylam Pharmaceuticals, Inc., Cambridge, MA 02142. February 2023
5. Wainua (eplontersen) [package insert] AstraZeneca Pharmaceuticals LP, Wilmington, DE 19850. December 2023
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