PRIOR AUTHORIZATION POLICY

POLICY: Amyloidosis – Tafamidis Products Prior Authorization Policy
- Vyndaqel (tafamidis meglumine capsules – Pfizer)
- Vyndamax (tafamidis capsules – Pfizer)

REVIEW DATE: 12/04/2024

OVERVIEW

Vyndaqel and Vyndamax are selective stabilizers of transthyretin (TTR) indicated for the treatment of the **cardiomyopathy of wild-type or hereditary TTR-mediated amyloidosis (ATTR-CM)** to reduce cardiovascular mortality and cardiovascular-related hospitalization in adults.[1] Studies excluded patients with New York Heart Association class IV disease.[2]

Disease Overview

In ATTR-CM, there is misfolding of the TTR protein resulting in accumulation of amyloid in the heart causing thickening of both ventricles.[2-8] ATTR-CM may be suspected following cardiac imaging (e.g., echocardiogram, cardiac magnetic imaging). Subsequent testing (e.g., scintigraphy or biopsy) confirms the diagnosis of ATTR-CM. Endomyocardial biopsy confirms the diagnosis of ATTR-CM.[8] Biopsy can confirm if ATTR-CM is due to a hereditary mutant variant of TTR vs. an acquired wild-type variant. In patients with confirmed cardiac amyloidosis, TTR gene sequencing aids in treatment decisions and is necessary for genetic counseling in relatives of patients with a TTR variant.[7] Although many mutations have been identified, mutation of V122I is the most common in the US.[2-6] This mutation is present in 3% to 4% of African Americans and is associated with amyloid cardiomyopathy. Vyndaqel and Vyndamax bind to TTR at the thyroxine binding sites and stabilize the tetramer. This slows dissociation into monomers, which is the rate-limiting step in the amyloidogenic process.[1]

Guidelines

The American Heart Association (AHA) scientific statement for the evolving diagnosis and management of cardiac amyloidosis (2020) recognizes tafamidis as a treatment for ATTR-CM.[7] They note that the benefit of tafamidis has not been observed in patients with NYHA class IV symptoms. Additionally, although combination use of tafamidis with Onpattro® (patisiran lipid complex intravenous infusion) or Tegsedi® (inotersen subcutaneous injection) is appealing to target both TTR silencing and stabilization for the remaining synthesized protein, this approach lacks data and may be cost-prohibitive. Tafamidis should generally be considered the agent of choice in ATTR-CM in patients with reasonable expected survival according to a position statement of the European Society of Cardiology (ESC) working group on myocardial and pericardial disease (2021).[8] The working group notes that tafamidis is the only drug that has shown efficacy in a randomized trial in patients with ATTR-CM and should be considered in patients with reasonable expected survival. The American College of Cardiology (ACC) expert consensus decision pathway on comprehensive multidisciplinary care for patients with cardiac amyloidosis (2023) make similar comments and recommendations to the AHA and ESC regarding tafamidis.[10]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of tafamidis products (Vyndaqel and Vyndamax). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with tafamidis products (Vyndaqel and Vyndamax) as well as the monitoring required for adverse events and long-term efficacy, initial approval requires the agent to be prescribed by or in consultation with a physician who specializes in the condition being treated.

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Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of tafamidis products (Vyndaqel and Vyndamax) is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Cardiomyopathy of Wild-Type or Hereditary Transthyretin-Mediated Amyloidosis (ATTR-CM).** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):
   Note: Variant Transthyretin Amyloidosis is also known as Hereditary Transthyretin Amyloidosis.
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** The diagnosis was confirmed by ONE of the following (i, ii, or iii):
     - **i.** A technetium pyrophosphate scan (i.e., nuclear scintigraphy); OR
     - **ii.** A tissue biopsy with confirmatory transthyretin (TTR) amyloid typing by mass spectrometry, immunoelectron microscopy or immunohistochemistry; OR
     - **iii.** Patient had genetic testing which, according to the prescriber, identified a transthyretin (TTR) pathogenic variant; AND
       Note: Examples of TTR variants include Val122Ile variant and Thr60Ala variant. If the patient has wild-type amyloidosis, this is **not** a TTR pathogenic variant.
   - **C)** Diagnostic cardiac imaging has demonstrated cardiac involvement; AND
     Note: Examples of cardiac imaging include echocardiogram and cardiac magnetic imaging. Examples of cardiac involvement on imaging include increased thickness of the ventricular wall or interventricular septum.
   - **D)** Patient has heart failure, but does **not** have New York Heart Association class IV disease; AND
   - **E)** The medication is prescribed by or in consultation with a cardiologist or a physician who specializes in the treatment of amyloidosis.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of tafamidis products (Vyndaqel and Vyndamax) is not recommended in the following situations:

1. **Concurrent use with other medications indicated for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis or transthyretin-mediated amyloidosis-cardiomyopathy (e.g., Amvuttra [vutrisiran subcutaneous injection], Attruby [acoramidis tablets], Onpattro [patisiran lipid complex intravenous infusion], Tegsedi [inotersen subcutaneous injection], or Wainua [eplontersen subcutaneous injection]).**
   The requested medication should not be administered in combination with other medications indicated for polyneuropathy of hereditary transthyretin-mediated amyloidosis or transthyretin-mediated amyloidosis-cardiomyopathy. Combination therapy is generally not recommended due to a lack of controlled clinical trial data supporting additive efficacy.

2. **Concurrent Use of Vyndaqel and Vyndamax.** There are no data available to support concomitant use.[1]

3. **Polyneuropathy of Hereditary Transthyretin–Mediated Amyloidosis (hATTR).** Neither Vyndaqel nor Vyndamax are indicated for treatment of symptoms of polyneuropathy associated with hATTR.[1]

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Note: For patients with hATTR and cardiomyopathy or mixed phenotype (concurrent cardiomyopathy and polyneuropathy), refer to FDA-Approved Indication, above.

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

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