ALASKA MEDICAID Prior Authorization Criteria

Vyndaqel®, Vyndamax™ (tafamidis meglumine, tafamidis)

FDA INDICATIONS AND USAGE¹

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

APPROVAL CRITERIA^{1,2,3}

- 1. Patient is 18 years of age or older **AND**;
- 2. Prescribed by or in consultation with a cardiologist AND;
- 3. Patient has a diagnosis of transthyretin (ATTR)- mediated amyloidosis with cardiomyopathy confirmed by:
 - a. Presence of amyloid deposits identified on a cardiac biopsy **OR**;
 - b. Confirmation of a TTR mutation by genetic testing or wild type amyloidosis AND;
- 4. Patient has clinical symptoms of cardiomyopathy and heart failure AND;
- 5. Patient has not had a liver or heart transplant.

DENIAL CRITERIA 1,2,3

- 1. Patient is less than 18 years of age **OR**;
- 2. Has not been prescribed by or in consultation with a cardiologist **OR**;
- 3. Patient does not have a diagnosis of transthyretin (ATTR)- mediated amyloidosis with cardiomyopathy confirmed by:
 - a. Presence of amyloid deposits identified on a cardiac biopsy **OR**;
 - b. Confirmation of a TTR mutation by genetic testing or wild type amyloidosis **OR**;
- 4. Patient does not have clinical symptoms of cardiomyopathy and heart failure **OR**;
- 5. Patient has had a liver or heart transplant **OR**;
- 6. Patient has New York Heart Association class IV heart failure.

CAUTIONS1

- Tafamidis may cause fetal harm, therefore it is recommend that females use some form of contraception.
- Breastfeeding is not recommended during treatment due to potential serious adverse reactions in a breastfed infant.
- Drugs are not equivalent on a per mg to mg basis.

DURATION OF APPROVAL

• Initial Approval: up to 3 months

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Version: 1

Original: 8/13/2019 Approval: 11/15/2019 Effective: 1/6/2020

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• Reauthorization Approval: up to 12 months

OUANTITY LIMIT

- 120 20mg capsules (80mg per day) Vyndaqel
- 30 61mg capsules Vyndamax

REFERENCES / FOOTNOTES:

- 1. Vyndaqel® and VyndamaxTM capsules [prescribing information]. New York, NY: Pfizer; May 2019.
- 2. Mauer MS, Schwartz JH, Gundapeneni B, et al. Tafamidis treatment for patients with transthyretin amyloid cardiomyopathy. N Engl J Med. 2018; 379:1007-16.
- 3. Siddiqi OK, Ruberg FL. Cardiac amyloidosis: an update on pathophysiology, diagnosis, and treatment. Trends Cardiovasc Med. 2018;28(1):10-21.

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