Tafamidis
Prior Authorization with Quantity Limit Program Summary

This program applies to FlexRx Open, FlexRx Closed, GenRx Open, GenRx Closed, FocusRx, KeyRx, and Health Insurance Marketplace formularies.

This is a FlexRx standard and GenRx standard prior authorization.

FDA APPROVED INDICATIONS AND DOSAGE[1]

Agent	Indication	Dosage
Vyndaqel™ (tafamidis meglumine) capsule	For the treatment of the cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis in adults to reduce cardiovascular mortality and cardiovascular-related hospitalization	80 mg orally once daily Vyndamax and Vyndaqel are not substitutable on a per mg basis.
Vyndamax™ (tafamidis) capsule	For the treatment of the cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis in adults to reduce cardiovascular mortality and cardiovascular-related hospitalization	61 mg orally once daily Vyndamax and Vyndaqel are not substitutable on a per mg basis.

CLINICAL RATIONALE

Transthyretin amyloid cardiomyopathy is a disease characterized by the accumulation of amyloid fibrils composed of misfolded transthyretin protein in the heart. Misfolded monomers or oligomers of transthyretin are deposited in the myocardium, leading to cardiomyopathy and symptoms of heart failure. Infiltration of the conduction system can lead to bundle-branch block, atrioventricular block, sinoatrial disease, and atrial fibrillation. Transthyretin amyloid cardiomyopathy is a late-onset disease; symptoms are predominately manifested in male patients 60 years of age or older. The condition can be inherited as an autosomal dominant trait caused by pathogenic mutations in the transthyretin gene TTR (ATTRm) or by the deposition of wild-type transthyretin protein (ATTRwt). There are more than 120 pathogenic mutations in TTR that result in a variable phenotypic presentation. The prevalence of ATTRwt is uncertain, some studies have reported a prevalence of 13% among patients with heart failure with a preserved ejection fraction, 16% among patients undergoing transcatheter aortic-valve replacement for severe aortic stenosis, and 5% among patients with presumed hypertrophic cardiomyopathy. Treatments have previously been limited to supportive care. Median survival in untreated patients is reported to be 2.5 years after diagnosis for ATTRm caused by the TTR Val122Ile mutation and 3.6 years for ATTRwt. Death in most patients is from cardiac causes, including sudden death and heart failure.[2] Diagnosis of cardiac amyloidosis (CA) is performed through radionuclide bone scintigraphy with technetium-labeled bisphosphonates or cardiac biopsy.[3,4]

Tafamidis is a selective stabilizer of TTR. Tafamidis binds to TTR at the thyroxine binding sites, stabilizing the tetramer and slowing dissociation into monomers, the rate-limiting step

in the amyloidogenic process. Efficacy was demonstrated in a multicenter, international, randomized, double-blind, placebo-controlled study in 441 patients with wild type or hereditary ATTR-CM. Patients were randomized in a 1:2:2 ration to receive Vyndaqel 20 mg, Vyndaqel 80 mg, or placebo once daily for 30 months, in addition to standard of care (e.g. diuretics). Treatment assignment was stratified by the presence or absence of a variant TTR genotype as well as baseline disease severity (NYHA Class). The primary analysis points were all-cause mortality and frequency of cardiovascular-related hospitalizations. The analysis demonstrated a significant reduction in all-cause mortality and frequency of cardiovascular-related hospitalizations in the pooled Vyndaqel group.[1]

References

1. Vyndaqel and Vyndamax Prescribing. Pfizer, Inc. 05/2019.
2. Maurer MS, Schwartz JH, Gundapeneni BG, et al. Tafamidis treatment for patients with transthyretin amyloid cardiomyopathy. *NEJM* 2018; 379: 1007-16.
3. Gillmore JD, Maurer MS, Falk RH, et al. Nonbiopsy Diagnosis of Cardiac Transthyretin Amyloidosis. Circulation. 2016;133:2404-2412.
4. Donnelly, JP, Hanna M. Cardiac amyloidosis: An update on diagnosis and treatment. Cleveland Clinic Journal of Medicine. 2017;84(3):12-26.

Tafamidis Prior Authorization with Quantity Limit

TARGET AGENT
Vyndaqel™ (tafamidis meglumine)
Vyndamax™ (tafamidis)

Brand (generic)	GPI	Multisource Code	Quantity Limit
Vyndaqel (tafamidis meglumine) capsules	40550080200120	M, N, O, or Y	4 capsules/day
Vyndamax (tafamidis) capsules	40550080000120	M, N, O, or Y	1 capsules/day

CRITERIA FOR APPROVAL
Initial Evaluation
Target Agents will be approved when ALL of the following are met:

1. ONE of the following:
    A. The patient has a diagnosis of cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis as confirmed by radionuclide bone scintigraphy with technetium-labeled bisphosphonates or cardiac biopsy
    OR
    B. The patient has another FDA approved indication for the requested agent

    AND
2. The prescriber is a specialist in the area of the patient's diagnosis (e.g. cardiologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis
    AND
3. ONE of the following:
    A. The patient is NOT currently being treated with another agent in this program
    OR
    B. The patient is currently being treated with another agent in this program AND will discontinue prior to starting the requested agent

    AND
4. The patient does NOT have any FDA labeled contraindications to the requested agent
    AND
5. ONE of the following:
    A. The requested quantity (dose) does not exceed the program quantity limit
    OR
    B. ALL of the following:
        i. The requested quantity (dose) is greater than the program quantity limit
        AND
        ii. The requested quantity (dose) does not exceed the maximum FDA labeled dose for the requested indication
        AND

iii. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit

Length of Approval: 12 months

Renewal Evaluation

Target Agents will be approved when ALL of the following are met:

1. The patient has been previously approved for the requested agent through the Prime Therapeutics Prior Authorization process
   AND
2. The patient has had clinical benefit with the requested agent
   AND
3. The prescriber is a specialist in the area of the patient's diagnosis (e.g. cardiologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis
   AND
4. ONE of the following:
   A. The patient is NOT currently being treated with another agent in this program
      OR
   B. The patient is currently being treated with another agent in this program AND will discontinue prior to starting the requested agent

   AND
5. The patient does NOT have any FDA labeled contraindications to the requested agent
   AND
6. ONE of the following:
   A. The requested quantity (dose) does not exceed the program quantity limit
      OR
   B. ALL of the following:
      i. The requested quantity (dose) is greater than the program quantity limit
         AND
      ii. The requested quantity (dose) does not exceed the maximum FDA labeled dose for the requested indication
         AND
      iii. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit

Length of Approval: 12 months

Agent	Contraindication(s)
Vyndaqel (tafamidis meglumine)	None
Vyndamax (tafamidis)	None