Vyndaqel (tafamidis meglumine)
Vyndamax (tafamidis)

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Vyndaqel and Vyndamax policy is to encourage appropriate use according to product labeling, clinical guidelines, and clinical trials.

The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

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

POLICY

Required Documentation

Submission of the following information is necessary to initiate the prior authorization review:

- Biopsy results or technetium-labeled bone scintigraphy tracing results confirming presence of amyloid deposits
- Echocardiography or cardiac magnetic resonance imaging results confirming cardiac involvement
- For members with hereditary ATTR-CM: results confirming a mutation of the transthyretin (TTR) gene
- For members with wild type ATTR-CM: immunohistochemical analysis, scintigraphy, or mass spectrometry results confirming transthyretin precursor proteins

- Medical records documenting NYHA classification of heart failure
- For continuation of therapy: Medical record documentation confirming the member demonstrates a beneficial response to treatment (e.g., improvement in rate of disease progression as demonstrated by distance walked on the 6-minute walk test, the Kansas City Cardiomyopathy Questionnaire–Overall Summary (KCCQ-OS) score, cardiovascular-related hospitalizations, NYHA classification of heart failure, left ventricular stroke volume, NT-proBNP level)

Criteria for Initial Approval

A.) Cardiomyopathy of Wild Type or Hereditary Transthyretin-mediated Amyloidosis[1-2]

Authorization of **12 months** may be granted for treatment of cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis (ATTR-CM) when all of the following criteria are met:

1. Member does not have NYHA Class III or Class IV heart failure (see Appendix A)
2. The diagnosis is confirmed by presence of amyloid deposits on analysis of biopsy from cardiac or noncardiac sites (e.g., fat aspirate, gastrointestinal sites, salivary glands, bone marrow) or by ^{99m}technetium-pyrophosphate imaging for cardiac amyloidosis
3. Light chain amyloidosis has been ruled out through serum free light chain assay AND serum and urine protein electrophoresis with immunofixation
4. Cardiac involvement was confirmed by echocardiography or cardiac magnetic resonance imaging (e.g., end-diastolic interventricular septal wall thickness exceeding 12 mm)
5. The member exhibits clinical symptoms of cardiomyopathy and heart failure (e.g., dyspnea, fatigue, orthostatic hypotension, syncope, peripheral edema).
6. The member is not a liver transplant recipient.
7. The requested medication will not be used in combination with inotersen (Tegsedi) or patisiran (Onpattro).
8. The medication is being prescribed by or in consultation with a cardiologist

Continuation of Therapy

Authorization of **12 months** may be granted for the continued treatment of ATTR-CM when all of the following criteria are met:

1. The member must have met all initial authorization criteria.
2. The member must have demonstrated a beneficial response to treatment with tafamidis therapy [e.g., improvement in rate of disease progression as demonstrated by distance walked on the 6-minute walk test, the Kansas City Cardiomyopathy Questionnaire–Overall Summary (KCCQ-OS) score, cardiovascular-related hospitalizations, NYHA classification of heart failure, left ventricular stroke volume, N-terminal B-type natriuretic peptide (NT-proBNP) level]. Documentation from the medical record must be provided.

Vyndaqel and Vyndamax are considered **not medically necessary** for members who do not meet the criteria set forth above.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Quantity Limits

- Vyndaqel 120 capsules per 30 days
- Vyndamax 30 capsules per 30 days

Appendix

Appendix A. New York Heart Association (NYHA) Functional Classification

Class	Patient Symptoms
I	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath).
II	Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea (shortness of breath).
III	Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea.
IV	Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.

RATIONALE

The safety and efficacy of tafamidis for transythretin amyloid cardiomyopathy was evaluated in a phase III clinical trial. Inclusion criteria included a medical history of heart failure with a at least one prior hospitalization or clinical signs and symptoms requiring use of diuretic. Participants also had to have cardiac involvement evidenced by echocardiography, presence of amyloid deposits in biopsy tissue, and either the variant TTR genotype or the TTR prescursion protein as identified by immunohistochemistry, scintigraphy, or mass spectrometry. Those with NYHA class IV heart failure were excluded from the trial.

The primary outcome assessed was all-cause mortality and frequency of cardiovascular-related hospitalizations. A pooled analysis of participants found that the treatment groups had statistically significant lower incidence of all-cause mortality and cardiovascular-related hospitalizations. The differences in the primary endpoints favored tafamidis over placebo in all prespecified subgroups, except for those with NYHA class III heart failure. Those with NYHA class III heart failure receiving tafamidis had higher rates of cardiovascular-related hospitalizations than those receiving placebo and did not demonstrate a statistically significant difference in all-cause mortality.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

REFERENCES

- Vyndaqel and Vydamax [package insert]. New York, NY: Pfizer Labs.; May 2019.
- Maurer MS, Schwartz JH, Gundapaneni B, et al. Tafamidis treatment for patients with transthyretin amyloid cardiomyopathy. N Engl J Med. 2018 Sep 13; 379(11):1007-1016.
- Witteles RM, Bokhari S, Damy T, et al. Screening for transthyretin amyloid cardiomyopathy in everyday practice. J Am Coll Cardiol HF. 2019 Aug, 7(8):709-716.

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POLICY HISTORY

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