



UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Amyloidosis – Onpattro Utilization Management Medical Policy

- Onpattro® (patisiran intravenous infusion – Alnylam)

REVIEW DATE: 11/17/2021; selected revision 06/29/2022

OVERVIEW

Onpattro, a lipid nanoparticle formulated RNA interference therapeutic, is indicated for treatment of adults with **polyneuropathy of hereditary amyloid transthyretin amyloidosis (hATTR)**.¹ hATTR is a progressive disease caused by mutations in the transthyretin (TTR) gene leading to multisystem organ dysfunction.² Common neurologic manifestations include sensorimotor polyneuropathy, autonomic neuropathy, small-fiber polyneuropathy, and carpal tunnel syndrome.

Guidelines

A scientific statement from the American Heart Association (AHA) on the treatment of cardiomyopathy of hATTR amyloidosis (July 2020) includes recommendations related to polyneuropathy.³ Canadian guidelines for the treatment of patients with polyneuropathy (February 2021) and recommendations from the European Society of Cardiology (ESC) [2021] include treatment recommendations for hATTR polyneuropathy as well.^{2,4} In general, Onpattro and Tegsedi are recommended for patients with hATTR polyneuropathy.

For patients with hATTR amyloidosis with polyneuropathy, the AHA recommends treatment with Onpattro or Tegsedi.³ For patients with hATTR with polyneuropathy and cardiomyopathy, Onpattro, Tegsedi, or Vyndamax/Vyndaqel are recommended. Use of combination therapy is discussed; however, it is noted that there is little data to support combination therapy.

The Canadian guidelines recommend Onpattro and Tegsedi as first-line treatment to stop the progression of neuropathy and improve polyneuropathy in early and late stage hATTR amyloidosis with polyneuropathy.²

The ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure note that TTR stabilization and reduction are the recommended basis of treatment for cardiomyopathy of ATTR.⁴ Onpattro and Tegsedi may be considered for patients with hATTR polyneuropathy and cardiomyopathy.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Onpattro. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Onpattro as well as the monitoring required for adverse events and long-term efficacy, approval requires Onpattro to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Onpattro is recommended in those who meet the following criteria:

FDA-Approved Indication

1. Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis (hATTR). Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):

A) Patient is ≥ 18 years of age; AND

B) Patient has a transthyretin mutation as confirmed by genetic testing; AND

C) Patient has symptomatic polyneuropathy; AND

Note: Examples of symptomatic polyneuropathy include reduced motor strength/coordination, and impaired sensation (e.g., pain, temperature, vibration, touch). Examples of assessments for symptomatic disease include history and clinical exam, electromyography, or nerve conduction velocity testing.

D) Patient does not have a history of liver transplantation; AND

E) The medication is prescribed by or in consultation with a neurologist, geneticist, or a physician who specializes in the treatment of amyloidosis.

Dosing. Approve the following dosing (A and B):

A) The dose is up to 0.3 mg/kg given intravenously up to a maximum dose of 30 mg; AND

B) The dose is administered not more frequently than once every 3 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Onpattro is not recommended in the following situations:

1. Concomitant Use With Amvuttra (vutrisiran subcutaneous injection), Tegsedi (inotersen subcutaneous injection), or a Tafamidis Product. Note: Examples of tafamidis products are Vyndaqel and Vyndamax. There are insufficient data supporting the safety and efficacy of concurrent use of these agents for ATTR with polyneuropathy. The Vyndaqel/Vyndamax pivotal trial, which took place prior to when Onpattro and Tegsedi were under investigation for amyloidosis, did not include patients who were taking investigational drugs. The pivotal trials for Amvuttra, Onpattro, and Tegsedi did not allow concurrent use of tetramer stabilizers (e.g., tafamidis, diflunisal). A Phase II open-label extension study (n = 27) included 13 patients who were treated concomitantly with Onpattro and tafamidis.⁷ Following 24 months of treatment, there was no significant difference in the median serum TTR percent change from baseline with concomitant Onpattro and tafamidis (-80%) vs. Onpattro monotherapy (-88%). A scientific statement from the American Heart Association notes that there is little data to support combination therapy for these products.⁸

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

REFERENCES

1. Onpattro® [prescribing information]. Cambridge, MA: Alnylam; May 2021.
2. Alcantara M, Mezi MM, Baker SK, et al. Canadian guidelines for hereditary transthyretin amyloidosis polyneuropathy management. *Can J Neuro Sci.* 2022;49:7-18.
3. Kittleson MM, Maurer MS, Ambardekar AV, et al; on behalf of the American Heart Association Heart Failure and Transplantation Committee of the Council on Clinical Cardiology. AHA scientific statement: cardiac amyloidosis: evolving diagnosis and management. *Circulation.* 2020;142:e7-e22.
4. McDonagh TA, Metra M, Adamo M, et al. 2021 ESC guidelines for the diagnosis and treatment of acute and chronic heart failure. *Eur Heart J.* 2021;42:3599-3726.

5. Lin H, Merkel M, Hale C, Marantz JL. Experience of patisiran with transthyretin stabilizers in patients with hereditary transthyretin-mediated amyloidosis. *Neurodegener Dis Manag.* 2020;10(5):289-300.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis: To align with the approved labeling, criteria for symptomatic disease was reworded to require polyneuropathy (previously required peripheral neuropathy). Clinical exam, electromyography, or nerve conduction velocity testing were added as examples of assessments to confirm systematic disease. A criterion was also added to require that the patient does not have a history of liver transplantation.	10/28/2020
Annual Revision	No criteria changes.	11/17/2021
Selected Revision	Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis (hATTR): Criteria requiring the patient to have tried or is currently receiving at least one systemic agent for symptoms of polyneuropathy from one of the following pharmacologic classes: a gabapentin-type product, duloxetine, or a tricyclic antidepressant was removed. Concomitant Use With Amvuttra (vutrisiran subcutaneous injection), Tegsedi (inotersen subcutaneous injection), or a Tafamidis Product: Amvuttra was added to this condition not recommended for approval.	06/29/2022