

## **Pharmacy Drug Policy Checklist**

POLICY NAME Wainua (eplontersen) POLICY # 2774P

## Criteria

Coverage Criteria	
	Diagnosis of polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR-PN)
	Documentation that the patient has a pathogenic TTR gene mutation
	Age 18 years or older
	Presence of clinical signs and symptoms of the disease of polyneuropathy, including peripheral or autonomic, that are determined to be mild to moderate
	Documentation to support all of the following:
	<ul> <li>Neuropathy impairment scale score between 10-130</li> <li>Stage 1 or 2 familial amyloidotic polyneuropathy (FAP) or Coutinho stage</li> </ul>
	Prescribed by or in consultation with a neurologist (nervous system doctor)
Exclusion Criteria – Any of the following prevents coverage	
	Concurrent coverage with other treatments for hATTR (such as Amvuttra or Onpattro)
	Wainua is not supported to treat hATTR associated cardiomyopathy