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:
- Neuropathy impairment scale score between 10-130
- Stage 1 or 2 familial amyloidotic polyneuropathy (FAP) or Coutinho stage

☐ 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