

POLICY NAME

Wainua (eplontersen)

POLICY #

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Concurrent coverage with other treatments for hATTR (such as Amvuttra or Onpattro)
- ☐ 2.2 Wainua is not supported to treat hATTR associated cardiomyopathy

Coverage Criteria

- ☐ 1.1 Diagnosis of polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR-PN)
- ☐ 1.2 Documentation that the patient has a pathogenic TTR gene mutation
- ☐ 1.3 Age 18 years or older
- ☐ 1.4 Presence of clinical signs and symptoms of the disease of polyneuropathy, including peripheral or autonomic, that are determined to be mild to moderate
- ☐ 1.5 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
- ☐ 1.6 Prescribed by or in consultation with a neurologist (nervous system doctor)