

VYND AQEL (tafamidis meglumine), VYNDAMAX (tafamidis)**Pre - PA Allowance**None

Prior-Approval Requirements**Age** 18 years of age and older**Diagnosis**

Patient must have the following:

Hereditary or wild type transthyretin-mediated amyloidosis (ATTR)
cardiomyopathy**AND ALL** of the following:

1. Diagnosis has been confirmed by a genetic test **OR** tissue biopsy showing amyloid deposition
2. Clinical signs and symptoms of cardiac involvement by **ALL** of the following:
 - a. End-diastolic interventricular septal wall thickness > 12 mm by echocardiography
 - b. History of heart failure with at least one prior hospitalization for heart failure **OR** clinical evidence of heart failure with signs and symptoms of volume overload or elevated intracardiac pressures requiring treatment with a diuretic for improvement
 - c. Baseline NT-proBNP \geq 600 pg/mL

AND NONE of the following:

1. NYHA class IV heart failure
2. Light-chain amyloidosis
3. History of heart or liver transplantation
4. Implanted cardiac mechanical assist device, such as left ventricular assist device (LVAD)
 - a. Implanted devices for heart rhythm such as a pacemaker or cardiac defibrillator are allowed
5. Severe malnutrition

VYND AQEL (tafamidis meglumine), VYNDAMAX (tafamidis)

Prior - Approval Limits

Quantity

| Strength | Quantity |
|-------------------------|--------------------------|
| Vyndaqel 20 mg capsules | 360 capsules per 90 days |
| Vyndamax 61 mg capsules | 90 capsules per 90 days |

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Hereditary or wild-type transthyretin-mediated amyloidosis (ATTR)
cardiomyopathy

AND the following:

1. Patient's condition has improved or stabilized (e.g., reduced number of hospitalizations, improved 6-minute walk test (6-MWT), or improved Kansas City Cardiomyopathy Questionnaire Overall Summary Score (KCCQ-OS))

Prior - Approval *Renewal* Limits

Same as above