HAP CareSource™

PHARMACY POLICY STATEMENT

HAP CareSource™ Marketplace

DRUG NAME	Onpattro (patisiran)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Onpattro, approved by the FDA in 2018, contains a transthyretin-directed small interfering RNA (siRNA) and is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults. It is an RNA interference (RNAi) drug that causes degradation of mutant and wild-type TTR mRNA, which results in a reduction of serum TTR protein and TTR protein deposits in tissues by targeting the liver where TTR protein is synthesized. In the APOLLO clinical trial, changes from baseline to Month 18 on both the mNIS+7 (primary endpoint) and the Norfolk QoL-DN significantly favored Onpattro, as well as changes in modified body mass index (mBMI) and gait speed (10-meter walk test). Changes were evident at 9 months. hATTR is a rare and progressive inherited disorder where misfolded TTR accumulates as amyloid fibrils in the body. In polyneuropathy of hATTR (hATTR-PN), these fibrils deposit in the peripheral nerves which leads to pain, muscle weakness, and autonomic dysfunction.

Onpattro (patisiran) will be considered for coverage when the following criteria are met:

Hereditary Transthyretin Amyloidosis (hATTR Amyloidosis): Polyneuropathy

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a neurologist; AND
3. Member has a diagnosis of hATTR amyloidosis with documentation of a transthyretin (TTR) mutation confirmed by genetic testing; AND
4. Member has signs/symptoms of polyneuropathy; AND
5. Member has a polyneuropathy disability (PND) score of IIIb or less (i.e., member is not wheelchair-bound or bedridden); AND
6. Onpattro will NOT be used in combination with another TTR silencer or a TTR stabilizer.
7. **Dosage allowed/Quantity limit:** For intravenous (IV) administration by a healthcare provider.
   Weight less than 100 kg: 0.3 mg/kg every 3 weeks.
   Weight 100 kg or more: 30 mg every 3 weeks.
   (QL: 3 vials per 21 days)

If all the above requirements are met, the medication will be approved for 9 months.

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For **reauthorization**:

1. Chart notes must include documentation of positive clinical response to therapy such as improvement or stabilization of neuropathy impairment, gait speed, nutritional status, disability, or quality of life compared to baseline.

If all the above requirements are met, the medication will be approved for an additional 12 months.

HAP CareSource considers Onpattro (patisiran) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
08/05/2019	New policy for Onpattro created.
07/02/2020	Simplified diagnostic requirement of hATTR to just any method of confirmation by chart notes. Separated genetic testing and FAP staging into their own mandatory requirements. Expanded prescriber to include physicians who specialize in treating amyloidosis.
08/02/2022	Transferred to new template. Updated and added references. Removed other specialists except neurology. Removed exclusions except liver transplant. Replaced FAP staging with PND score. Added QL. Increased initial auth duration from 6 mo to 9 mo. Edited renewal criteria to be consistent with Amvuttra.
04/19/2023	Added “or stabilization” to renewal section.
04/03/2025	Updated references. Removed liver transplant exclusion (Karam 2024, Alcantara 2022)

References:

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