EFFECTIVE DATE: 08|01|2019
POLICY LAST UPDATED: 04|16|2019

OVERVIEW

Onpattro™ (patisiran) is for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

This policy is applicable to BlueCHiP for Medicare products only. For Commercial Products, see related policy section.

MEDICAL CRITERIA

Initial Evaluation

Onpattro™ (patisiran) will be approved when ONE of the following are met:

1. There is documentation provided with the request (e.g. treatment start date, length of treatment, patient's clinical benefit from therapy) indicating that the patient is currently being treated with the requested agent

OR

2. ALL of the following:
   a. ONE of the following:
      i. The patient has a confirmatory diagnosis of hATTR amyloidosis by mutation of the TTR gene with polyneuropathy confirmed by genetic testing and biopsy

      OR

      ii. The patient has another FDA approved indication for the requested agent and route of administration

   AND

   b. The prescriber is a specialist in the area of the patient's diagnosis (e.g. neurologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis

   AND

   c. The patient does NOT have any FDA labeled contraindications to the requested agent

   AND

   d. ONE of the following:
      i. The requested dose does not exceed the program quantity limit

      OR

      ii. ALL of the following:
         1. The requested dose is greater than the program quantity limit

         AND

         2. The requested dose does not exceed the maximum FDA labeled dose for the requested indication

         AND

         3. The requested dose cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit

Length of Approval: 12 months

Onpattro™ (patisiran) will also be approved when the following are met:

1. The use of the target agent is for an indication that is supported by compendia. (NCCN Compendium™[level of evidence 1, 2A], AHFS, DrugDex [FDA approved Class I or Class IIa]), or the prescriber has submitted additional documentation supporting the requested therapeutic use (documentation must be provided and approval by the Clinical Review Pharmacist is required).

AND

2. The requested dose is within FDA labeling or dose is supported by compendia. (NCCN Compendium™[level of evidence 1, 2A], AHFS, DrugDex [FDA approved Class I or Class IIa]), or the prescriber has submitted additional documentation supporting the requested therapeutic dose (approval by the Clinical Review Pharmacist required)

Length of Approval: 12 months

Renewal Evaluation

Onpattro™ (patisiran) will be approved ALL of the following are met:

1. The patient has been previously approved for the requested agent through the Prime Therapeutics or BCBSRI PA process

AND

2. The patient has received clinical benefit from the requested agent (e.g. stabilization or slowing of disease progression, decrease in symptom severity and/or frequency)

AND

3. ONE of the following:
   a. The requested dose is within FDA labeling

   OR

   b. The requested dose for the requested diagnosis is supported by compendia (NCCN Compendium™[level of evidence 1, 2A], AHFS, DrugDex [FDA approved Class I or Class IIa])

   OR

   c. The requested dose is outside the dose supported by FDA labeling or compendia AND the patient is currently taking and is stable on this dose

   OR

   d. The request is for a change in dose that is outside that supported by FDA labeling or compendia AND the prescriber has submitted documentation (the dose is supported by clinical research in 2 or more peer reviewed medical journals) in support of therapy with a higher dose for the requested diagnosis

Length of approval: 12 months

PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare.

POLICY STATEMENT

BlueCHiP for Medicare

Onpattro™ (patisiran) is medically necessary when the criteria above have been met.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable physician administered drug medically necessary benefits/coverage.

BACKGROUND

Hereditary transthyretin-mediated (hATTR) amyloidosis in adults is a rapidly progressive, life threatening disease caused by mutant transthyretin (TTR) proteins that form amyloid deposits in tissues throughout the

body. The TTR circulating in the body is primarily produced by the liver. Accumulation of these amyloids leads to progressive multisystem dysfunction, including polyneuropathy and cardiomyopathy. The peripheral and autonomic nerve systems are the most commonly affected tissue. Sensory peripheral neuropathy, pain and temperature sensation are the most severely affected. Motor impairments occur later in the disease progression, causing wasting and weakness. The impairment of the autonomic nervous system may include dishydrosis, sexual impotence, alternating diarrhea and constipation, orthostatic hypotension, and urinary incontinence. In some cases, the main clinical manifestation is carpal tunnel syndrome, while ocular impairment can also occur. Diagnosis is confirmed via biopsy of the affected tissue followed by staining with Congo red. Genetic testing is also a crucial component to confirm a hATTR amyloidosis diagnosis as it identifies the specific TTR mutation present.

Staging the disease is based on degree of ambulation. Patients are scored using the FAP (Familial Amyloid Polyneuropathy) scale. Stage 0 patients are asymptomatic, but have the variant TTR gene and amyloid deposits. Stage 1 patients are ambulatory, stage 2 are ambulatory with assistance, and stage 3 patients are bedridden or wheelchair bound. Pharmacologic treatment is reserved for stage 1 and 2 patients. The polyneuropathy disability score (PND) is also of used for these patients. Patients are scored on their ambulation. A score of I indicates preserved walking and sensory disturbances. A PND of II indicates impaired walking, but can ambulate without a stick or crutch. PND IIIa is walking with 1 stick or crutch, while PND IIIb necessitates 2 sticks or crutches. PND IV patients are confined to a wheelchair or are bedridden.8 Another test, the modified Neuropathy Impairment Score +7 (mNIS+7) is a more comprehensive test in assessing topographical sensation. It has emerged as the primary outcome measure in studies concerning hATTR patients.

CODING

BlueCHiP for Medicare

The following HCPCS code is covered when the medical criteria have been met:

C9036 Injection, patisiran, 0.1 mg

RELATED POLICIES

Prior Authorization of Drugs

PUBLISHED

Provider Update, June 2019

REFERENCES

1. Hou X, Aguilar MI, Small DH. Transthyretin and familial amyloidotic polyneuropathy. Recent progress in understanding the molecular mechanism of neurodegeneration. FEBS J. 2007 Apr;274(7):1637-50.
2. Gertz, MA. Hereditary ATTR Amyloidosis: Burden of Illness and Diagnostic Challenges. Am J Manag Care. 2017;23:S107-S112.
3. Adams D, Gonzales-Duarte A, O'Riordan WD, et al. Patisiran, an RNAi Therapeutic, for Hereditary Transthyretin Amyloidosis. N Engl J Med 2018;379:11-21.
4. Benson MD, Waddington-Cruz M, Berk JL. Inotersen Treatment for Patients with Hereditary Transthyretin Amyloidosis. N Engl J Med 2018;379:22-31
5. Onpattro Prescribing Information. Alnylam Pharmaceuticals. August 2018.
6. Tegsedi Prescribing Information. Akcea Pharmaceuticals. October 2018.
7. Ando Y, Coelho T, Berk J. et al Guideline of Transthyretin-related hereditary amyloidosis for clinicians. Orphanet J Rase Dis 2013; 8:31.
8. Gonzales-Duarte A, Adams D, O'Riordan W et al. Changes in Neuropathy Stage in Patients with Hereditary Thransthyretin-Mediated Amyloidosis Following Treatment with Patisiran, and Investigational RNAi Therapeutic: An Analysis from the Phase 3 APOLLO Study. http://www.alnylam.com/wp-content/uploads/2018/03/5.-APOLLO-PND-FAP_FINAL.pdf Accessed October 12, 2018.

9. Gertz MA. Hereditary ATTR Amyloidosis: Burden of Illness and Diagnostic Challenges. https://www.ajmc.com/journals/supplement/2017/hereditary-attr-amyloidosis-burden-of-illness-and-diagnostic-challenges/hereditary-attr-amyloidosis-burden-of-illness-and-diagnostic-challenges-article?p=2 Accessed October 12, 2018.