

**Wainua (eplontersen)**  
**Effective 11/01/2024**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Wainua (eplontersen) is a transthyretin-directed antisense oligonucleotide indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

### Coverage Guidelines

Authorization may be reviewed for members new to the plan within the last 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

#### OR

Authorization may be granted for members when ALL the following criteria are met:

1. Member has a diagnosis of polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR-PN)
2. Diagnosis is confirmed by documentation of a mutation in the TTR gene
3. Member is 18 years of age or older
4. Member meets ONE of the following:
  - a. Polyneuropathy disability (PND) score  $\leq$  IIIb
  - b. Stage 1 or 2 familial amyloidotic polyneuropathy (FAP) or Coutinho stage
  - c. Neuropathy Impairment Scale score  $\geq$  10 and  $\leq$  130
5. Requested medication will not be used in combination with Amvuttra, diflunisal, Tegsedi, Onpattro, Vyndamax, or Vyndaqel

### Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation the member's condition has stabilized or improved. Examples include the modified Neuropathy Impairment Score (mNIS) and Norfolk QoL-DN (Quality of Life-Diabetic Neuropathy)

## Limitations

1. Initial and reauthorization requests will be approved for 12 months.
2. The following quantity limitations apply:

Drug Name and Dosage Form	Quantity Limit
Wainua injection	1 injection per 28 days

## References

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### **Review History**

09/11/2024 – Reviewed for September P&T. Effective 11/1/2024.

