ONPATTRO™ (PATISIRAN)

Policy Number: PHARMACY 312.5 T2

Effective Date: October 1, 2019

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CONDITIONS OF COVERAGE

This policy applies to Oxford Commercial plan membership.

Applicable Lines of Business/Products

General Benefits Package

Benefit Type

Referral Required
(Does not apply to non-gatekeeper products)

Authorization Required
(Precertification always required for inpatient admission)

Precertification with Medical Director Review Required

Applicable Site(s) of Service
(If site of service is not listed, Medical Director review is required)

Special Considerations

<table>
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<th>Related Policy</th>
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<td>• Provider Administered Drugs – Site of Care</td>
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COVERAGE RATIONALE

Onpattro (patisiran) is proven for the treatment of the polyneuropathy of hereditary transthyretin-mediated (hATTR) amyloidosis.

Onpattro (patisiran) is medically necessary for the treatment of the polyneuropathy of hATTR amyloidosis in patients who meet ALL of the following criteria:¹,⁸

- For initial therapy, all of the following:
  - Both of the following:
    - Diagnosis of hATTR amyloidosis with polyneuropathy
    - Documentation that the patient has a pathogenic TTR mutation (e.g., V30M)
    - and
  - Prescribed by or in consultation with a neurologist; and
  - Documentation of one of the following:
    - Patient has a baseline polynuropathy disability (PND) score ≤ IIIb
    - Patient has an baseline FAP Stage 1 or 2
    - and

¹New Jersey small group plan members should refer to their Certificate of Coverage for precertification and quantity limit guidelines.

²Additional precertification requirements apply to requests for hospital outpatient facility infusion of Onpattro; refer to the Clinical Policy titled Provider Administered Drugs - Site of Care policy.
Patient has not had a liver transplant; and

Presence of clinical signs and symptoms of the disease (e.g., peripheral sensorimotor polyneuropathy, autonomic neuropathy, motor disability, etc.); and

Patient is not receiving Onpattro in combination with either of the following:
- Oligonucleotide agents [e.g., Tegsedi (inotersen)]
- Vyndaqel (tafamidis meglumine) or Vyndamax (tafamidis) and

Patisiran dosing is in accordance with the US Food and Drug Administration prescribing information (0.3 mg/kg up to a maximum of 30mg, every 3 weeks); and

Initial authorization is for no more than 12 months.

**For continuation therapy, all** of the following:

- Patient has previously received treatment with Onpattro; and
- Prescribed by or in consultation with a neurologist; and
- Documentation of one of the following:
  - Patient continues to have a polyneuropathy disability (PND) score ≤ IIIb
  - Patient continues to have a FAP Stage 1 or 2 and
- Documentation that the patient has experienced a positive clinical response to Onpattro (e.g., improved neurologic impairment, motor function, quality of life, slowing of disease progression, etc.); and

- Patient is not receiving Onpattro in combination with either of the following:
  - Oligonucleotide agents [e.g., Tegsedi (inotersen)]
  - Vyndaqel (tafamidis meglumine) or Vyndamax (tafamidis) and
- Patisiran dosing is in accordance with the US Food and Drug Administration prescribing information (0.3 mg/kg up to a maximum of 30mg, every 3 weeks); and
- Authorization is for no more than 12 months.

**Onpattro (patisiran) is unproven and not medically necessary for the treatment of:**

- Sensorimotor or autonomic neuropathy not related to hATTR amyloidosis
- Primary or leptomeningeal amyloidosis

**APPLICABLE CODES**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

<table>
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<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J0222</td>
<td>Injection, patisiran, 0.1 mg</td>
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<table>
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<tr>
<th>ICD-10 Diagnosis Code</th>
<th>Description</th>
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<tr>
<td>E85.1</td>
<td>Neuropathic heredofamilial amyloidosis</td>
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**BACKGROUND**

Hereditary ATTR (hATTR) amyloidosis, formerly known as familial amyloid polyneuropathy, is a progressive, disabling and life-threatening polyneuropathy affecting the peripheral and autonomic nervous system. This disease is an autosomal transmission disorder which is usually due to a point mutation of the transthyretin (TTR) gene. The disease is caused by misfolded transthyretin (TTR) protein that accumulates as amyloid fibrils in multiple organs, including the nerves, heart, and gastrointestinal tract.

Onpattro (patisiran) is a double-stranded small interfering RNA (siRNA) that targets a sequence of mRNA conserved across wild-type and all TTR variants and can thereby degrade and reduce serum levels and protein deposits in tissues of both wild-type and mutated protein. It is formulated as lipid nanoparticles which direct it to the liver, the primary source of circulating TTR. Patisiran therapy is associated with observed lowering of TTR levels in both wild-type and mutant (V30M) forms of TTR.

A genetic testing service is available in the United States and Canada and the genetic counseling service is available in the United States. Medical professionals and patients may access information on the Alnylam Pharmaceuticals website.
A randomized, double-blind, placebo-controlled, phase III, global study (APOLLO) evaluated the efficacy and safety of patisiran in patients with hATTR amyloidosis with polyneuropathy. Adult patients 18 to 85 years of age were eligible for the study if the investigatory estimated survival to be ≥ 2 years, Neuropathy Impairment Score (NIS) of 5 to 130, and polyneuropathy disability score ≤ IIIb. Patients were randomized 2:1 (N = 148:77) to receive either intravenous (IV) patisiran 0.3 mg/kg or placebo every 3 weeks. The primary endpoint was to determine the efficacy of patisiran at 18 months based on the difference in the change in modified NIS+7 (a composite measure of motor strength, sensation, reflexes, nerve conduction, and autonomic function) between the patisiran and placebo groups. Secondary endpoints evaluated the effect of patisiran on Norfolk-Diabetic Neuropathy quality of life questionnaire score, nutritional status (as evaluated by modified body mass index), motor function (as measured by NIS-weakness and timed 10-m walk test), and autonomic symptoms (as measured by the Composite Autonomic Symptom Score-31 questionnaire). Exploratory objectives include assessment of cardiac function and pathologic evaluation to assess nerve fiber innervation and amyloid burden. Safety of patisiran was also assessed throughout the study. Overall patisiran reduced the mean max serum TTR reduction by 87.8% from baseline in the patisiran treated group over 18 months. The LS mean change in the mNIS+7 from baseline at 18 months was -33.99 (p = 9.26x10^{-16}); (Patisiran -6.03; placebo +27.96). The LS mean change in the Norfolk QOL-DN from baseline at 18 months was -21.1 (p = 1.10x10^{-10}); (Patisiran -6.7; placebo +14.4). All secondary endpoints (e.g., NIS-W, R-ODS, COMPASS-31, etc.) also achieved statistical significance at 18 months. The investigators also concluded that patisiran therapy was relatively safe and well tolerated with no increases in the frequency of events for patisiran compared to placebo group by system organ class. Overall, 13 deaths occurred in the APOLLO study, however, none of these were considered related to the study drugs and were consistent with natural history. The majority of infusion-related reactions were mild in severity, with no severe or life-threatening, or serious reactions. These reactions decreased over time and led to treatment discontinuation in only 1 patient. The investigators concluded that patisiran treatment resulted in significant improvement in polyneuropathy relative to placebo while significantly reducing disease symptoms and disability, improvement in quality of life, nutritional status, strength, and ambulation seen with patisiran relative to placebo. 

In a subpopulation analysis of the APOLLO trial, investigators evaluated the treatment association of patisiran with regional left ventricular (LV) myocardial strain in cardiac manifestation in hATTR. The prespecified cardiac subpopulation (126 of 225 [56%]) comprised of patients with a baseline LV wall thickness of 13 mm or more and no history of hypertension or aortic valve disease. Of the 126 patients included in the prespecified cardiac subpopulation, 36 patients (28.6%) received placebo and 90 patients (71.4%) received patisiran. At baseline, LV global longitudinal strain (GLS) was impaired and regional longitudinal strains were lowest in the basal segments with apical sparing. There were no differences in regional longitudinal strains between the treatment groups at baseline. Patisiran improved the absolute GLS (least-squares mean [SE] difference, 1.4% [0.6%]; 95% CI, 0.3%–2.5%; p = .02) compared with placebo at 18 months, with the greatest differential increase observed in the basal region (overall least-squares mean [SE] difference, 2.1% [0.8%]; 95% CI, 0.6%–3.6%; p = .006) and no significant differences in the mid and apical regions among groups. Patisiran reduced mean left ventricular wall thickness (least-squares mean difference ± SEM: -0.9±0.4 mm, p=0.017), interventricular septal wall thickness, posterior wall thickness, and relative wall thickness at month 18 compared with placebo. Patisiran also led to increased end-systolic volume (8.3±3.9 mL, p=0.036), decreased global longitudinal strain (−1.4±0.6%, p=0.015), and increased cardiac output (0.38±0.19 L/min, p=0.044) compared with placebo at month 18. Patisiran lowered N-terminal prohormone of brain natriuretic peptide at 9 and 18 months (at 18 months, ratio of fold-change patisiran/placebo 0.45, P<0.001). A consistent effect on N-terminal prohormone of brain natriuretic peptide at 18 months was observed in the overall APOLLO patient population (n=225). Median follow-up duration was 18.7 months. The exposure-adjusted rates of cardiac hospitalizations and all-cause death were 18.7 and 10.1 per 100 patient-years in the placebo and patisiran groups, respectively (Andersen–Gill hazard ratio, 0.54; 95% CI, 0.28–1.01). The authors concluded that patisiran prevented the deterioration of LV GLS and decreased mean LV wall thickness over 18 months, suggesting that patisiran may halt or reverse the progression of the cardiac manifestations of hATTR amyloidosis.

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Onpattro™ (patisiran) contains a transthyretin-directed small interfering RNA and is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare Pharmacy, Clinical Pharmacy Program that was researched, developed and approved by the UnitedHealth Group National Pharmacy & Therapeutics Committee. [2019D0072E]


POLICY HISTORY/REVISION INFORMATION

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<th>Date</th>
<th>Action/Description</th>
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<tr>
<td>10/01/2019</td>
<td>Updated list of applicable HCPCS codes to reflect quarterly code edits:</td>
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<tr>
<td></td>
<td>o Replaced J3490 with J0222</td>
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<tr>
<td></td>
<td>o Removed C9036</td>
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Supporting Information

- Archived previous policy version PHARMACY 312.4 T2

INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.