

VYNDAMAX (tafamidis, oral)

VYNDALIQ (tafamidis meglumine, oral)

Diagnosis Considered for Coverage:

- Cardiomyopathy associated with transthyretin (TTR)-mediated amyloidosis

Coverage Criteria:

For diagnosis listed above:

- Patient is at least 18 years or old, **and**
- Being recommended by a cardiologist, **and**
- Presence of transthyretin (TTR) confirmed by documentation of a pathogenic TTR mutation or TTR identified by immunohistochemistry, scintigraphy, or mass spectrometry, **and**
- Not being used in combination with a gene silencer (e.g. Tegsedi, Onpattro), **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 11/30/2022