Medicines Management Programme

Managed Access Protocol – Tafamidis ▼ (Vyndaqel®) 61 mg capsules for the treatment of wild-type or hereditary transthyretin amyloidosis in adult patients with cardiomyopathy

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

Approved by:	Prof. Michael Barry, Clinical Lead, MMP.
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List of Abbreviations

ATTR-CM	Transthyretin amyloid cardiomyopathy
BNP	B-type natriuretic peptide
DPD	Diphosphono-1,2-propanodicarboxylic acid
ECHO	Echocardiography
eGFR	estimated Glomerular Filtration Rate
HMDP	hydroxymethylene diphosphonate
HSE	Health Service Executive
HTH	High tech hub
LVEF	Left ventricular ejection fraction
MAP	Managed Access Protocol
MMP	Medicines Management Programme
NYHA	New York Heart Association
NT-proBNP	N-terminal pro b-type natriuretic peptide
PCRS	Primary Care Reimbursement Service
PYP	Pyrophosphate
SmPC	Summary of product characteristics
TTR	Transthyretin

1. Tafamidis

Tafamidis (Vyndaqel®) is a benzoxazole derivative lacking nonsteroidal anti-inflammatory activity that binds to the thyroxine binding sites of transthyretin (TTR) with high affinity and selectivity and inhibits the dissociation of tetramers into monomers, the rate limiting step in the amyloidogenic process.

From 1st March 2022, one presentation of tafamidis is available under the High Tech Arrangement:

- Vyndaqel® 61 mg capsules ▼[i]

Vyndaqel® 61 mg capsule (tafamidis) corresponds to 80 mg tafamidis meglumine (tafamidis and tafamidis meglumine are not interchangeable on a per mg basis).

This Managed Access Protocol (MAP) relates solely to the use of tafamidis (Vyndaqel®) 61 mg capsules for the indication outlined below in section 1.1.

1.1 Licensed indication

Tafamidis (Vyndaqel®) 61 mg capsule is indicated for the treatment of wild-type or hereditary transthyretin amyloidosis in adult patients with cardiomyopathy (ATTR-CM).[ii]

1.2 Reimbursement

Approved prescribers are required to apply for reimbursement approval on an individual patient basis. The *Tafamidis Application Form* should be completed and sent[iii] by secure email to the Health Service Executive-Medicines Management Programme (HSE-MMP) at mmp@hse.ie. *See Section 2 for further details on Reimbursement criteria – Initiation.*

If a patient is recommended and approved for reimbursement by the MMP, the High Tech prescription for tafamidis should be generated on the High Tech Hub (HTH). High tech prescriptions which are not hub generated will not be eligible for reimbursement by the HSE-Primary Care Reimbursement Service (PCRS).

[i] This medicinal product is subject to additional monitoring.
[ii] Please refer to the summary of product characteristics for Vyndaqel® 61 mg capsules for full prescribing information.
[iii] Post: Prof. Michael Barry, HSE-Medicines Management Programme, Department of Pharmacology and Therapeutics, Trinity Centre for Health Sciences, St James's Hospital, Dublin 8

Table 1: Licensed dosage of tafamidis (Vyndaqel®) 61 mg capsule for the treatment of wild-type or hereditary ATTR-CM in adult patients

Patient population	Route of administration	Dose of Tafamadis
Adults	Oral	61 mg once daily

mg: milligram

Please refer to the Summary of Product Characteristics (SmPC) for more information on posology.

If a patient is recommended and approved for reimbursement of tafamidis, reimbursement will be supported for a maximum of one pack of Vyndaqel® (30 capsules of tafamidis 61 mg) monthly i.e. in line with the licensed dose as per SmPC. *See Section 2 for further details on Reimbursement criteria.*

1.3 Reimbursement price

The reimbursement price of tafamidis (Vyndaqel®) 61 mg capsules, available on the High Tech Arrangement as of 1st March 2022, is as follows:

Table 2: Reimbursement price of the presentation of tafamidis available on the High Tech Arrangement

Strength and (pack size)	Reimbursement	
	Code	Price
Vyndaqel® 61mg X 30 capsules	89176	€9,180.00

mg: milligram

A commercial in confidence arrangement is in place with the marketing authorisation holder to reduce the net acquisition cost of tafamidis (Vyndaqel®) 61 mg capsules to the HSE.

2. Reimbursement criteria - Initiation

This section outlines the criteria that must be satisfied in order for an adult patient to be recommended for reimbursement of tafamidis for the treatment of wild-type or hereditary ATTR-CM under the High Tech Arrangement.

2.1 Prescribers

The prescribing of tafamidis (Vyndaqel®) 61 mg capsules under the High Tech Arrangement will be confined to consultants with experience in the diagnosis and management of ATTR-CM who have agreed to the terms of this MAP and have been approved by the HSE.

Applications for reimbursement approval will only be considered from approved prescribers.

2.2 Patient age

Applications for reimbursement approval will only be considered for individuals aged ≥ 18-90 years at time of application.

2.3 Diagnosis

For a positive reimbursement recommendation, clinicians will be required to confirm a diagnosis of wild-type or hereditary ATTR-CM at the time of application. Clinicians must provide evidence of a documented diagnosis based upon the following:

1. Exclusion of light chain amyloidosis by serum and urine protein electrophoresis with immunofixation and serum free light chain assay,
2. Diagnosis of amyloidosis confirmed by biopsy, where relevant, on cardiac and/or non-cardiac sites,
3. Diagnosis of amyloidosis by nuclear scintigraphy (PYP/DPD/HMDP)[iv], where relevant, and uptake of Grade 2 or 3,
4. Confirmation by echocardiogram (ECHO), of cardiac end-diastolic interventricular septal wall thickness exceeding 12 mm,
4. History of heart failure, with at least one prior hospitalisation for heart failure or clinical evidence of heart failure (without hospitalisation) manifested in signs or symptoms of volume overload or elevated intracardiac pressures requiring treatment with a diuretic for improvement,
5. Confirmation of TTR genotype (wild-type or hereditary) by genetic testing.

2.3.1 Genetic testing and biopsy

Clinicians must provide evidence of a documented diagnosis, genetic test and a biopsy report, where relevant.

2.4 Patient's clinical history

In line with the exclusion criteria[v] from the ATTR-ACT trial, the SmPC and current reimbursement approval for tafamidis, reimbursement will not be considered in patients:

- With severe heart failure symptoms (defined as New York Heart Association [NYHA] class IV),
- With mild hepatic impairment (defined as liver transaminase levels > twice the upper limit of the normal range),

[iv] PYP: pyrophosphate; DPD: diphosphono-1,2-propanodicarboxylic acid; HMDP: hydroxymethylene diphosphonate

[v] This list is not exhaustive; please refer to the summary of product characteristics for Vyndaqel® 61 mg capsules for full prescribing information.

- With renal failure requiring dialysis and/or an estimated Glomerular Filtration Rate [eGFR] of < 25ml/min/1.73m^2,
- With light chain amyloidosis,
- Using interfering ribonucleic acid drugs or other TTR stabilisers used to treat ATTR-CM.

2.4.1 Heart failure

Clinicians are required to confirm if there is cardiac involvement associated with the patient's ATTR amyloidosis. The NYHA classification, NT-proBNP/BNP[vi] and a recent ECHO are required to be submitted at the time of application.

2.4.2 Hepatic impairment

Clinicians are required to confirm hepatic function by submitting a full liver profile at the time of application.

2.4.3 Renal impairment

Clinicians are required to confirm renal function by submitting a full renal profile at the time of application.

2.4.4 Exclusion of light chain amyloidosis

Clinicians are required to confirm that light chain amyloidosis has been excluded at the time of application.

2.5 Patient's medical treatment

Clinicians will be required to provide details of the patient's medical treatment at the time of application.

3. Reimbursement criteria – Discontinuation

Tafamidis (Vyndaqel®) 61 mg should be discontinued and reimbursement may no longer be supported if the patient progresses to NYHA class IV.

Therefore, following approval of a patient for reimbursement of tafamidis under the High Tech Arrangement, the prescribing clinician will be required to submit follow-up information to the MMP, as requested. Follow-up data may be requested by the MMP for audit purposes and provision of same is a condition of ongoing reimbursement.

[vi] BNP: B-type natriuretic peptide, NT-proBNP: N-terminal pro b-type natriuretic peptide.

3.1 Follow-up data

Patients should be assessed at least every 12 months to determine whether they would benefit from continued treatment with tafamidis (Vyndaqel®) 61 mg. An up to date ECHO report and diagnostic testing results may be requested at suitable intervals. Follow-up information should be submitted and sent by secure email to the MMP (mmp@hse.ie) when requested outlining:

- Any changes in:
    - Interventricular septal thickness
    - Left ventricular ejection fraction (LVEF)
    - NYHA class
    - Clinical history since initiation
- Whether tafamidis is to be continued or discontinued.

4. Prescribing of tafamidis (Vyndaqel® 61 mg capsules)

Please refer to the SmPC for tafamidis (Vyndaqel® 61 mg capsules) for full prescribing information including monitoring and patient counselling requirements. Only applications from approved prescriber(s) will be considered for tafamidis reimbursement.

The following confirmations are required when prescribing tafamidis:

- Confirmation that tafamidis (Vyndaqel®) 61 mg is being prescribed for a MMP approved patient in accordance with the MAP established in line with the terms of reimbursement approval given by the HSE.
- Confirmation that the prescriber will assist the HSE/MMP in their conduct of audits* through provision of information as requested, to provide assurance that the product is being prescribed in line with HSE reimbursement approval and the MAP.
- Confirmation that the patient is aware that the application for reimbursement approval is being made on their behalf and that audits may occur during which their personal data will be reviewed.

* Follow-up data may be requested by the HSE/MMP for audit purposes and provision of same is a condition of ongoing reimbursement.