

Clinical Oversight Review Board (CORB) Criteria for Prescribing Patisiran (Onpattro)

Non-Formulary **patisiran (Onpattro)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **patisiran (Onpattro)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Neurologist
- Age 18 years and older
- Diagnosis of Neuropathic Heredofamilial Amyloidosis on Problem List
- Documented confirmed transthyretin (TTR) mutation from generic testing
- Patient does NOT have end-stage renal disease (chronic kidney disease Stage 5)
- Patient has NOT had a prior liver transplant
- Patient does NOT have severe hepatic impairment [alanine transaminase (ALT) greater than 2.5 times the upper limit of normal] and/or cirrhosis
- Patient does NOT have hepatitis B or C infection, human immunodeficiency virus (HIV) infection, or active malignancy
- Patient has been reviewed by the Kaiser Permanente Interregional Consultative Physician Panel, with recommendation to use this medication

kp.org

Revised: 02/08/24
Effective: 04/04/24

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest