



PRIOR AUTHORIZATION CHECKLIST

Prior authorization (PA) is often required for VYNDAMAX[®] (tafamidis).^{*} The prescribing physician is responsible for preparing and submitting the PA. VynAssist[®], Pfizer Field Access Specialists (FAS), or sales representatives cannot assist in completing or submitting PAs. As criteria vary by payer, it is important to review plan-specific requirements. A network Specialty Pharmacy or the VynAssist patient support program can support benefits verification and help determine PA requirements.

To make the strongest case for your patient, consider including:

- A copy of your chart notes with details about the patient's diagnosis, current condition, and treatment history

	Example of PA criteria	Example information that may be appropriate to provide
	Medication Requested	<ul style="list-style-type: none"> • Name of medication • Dosing schedule • Strength • Quantity
	Diagnosis eg, the diagnostic evaluate steps Used to determine that ATTR-CM with light chain Amyloidosis has been excluded	<ul style="list-style-type: none"> • Diagnosis aligned to label • ICD-10 code (ex., E85.4 - Organ Limited Amyloidosis)
	Testing results	<ul style="list-style-type: none"> • Genetic testing for <i>TTR</i> mutation • Confirmation of ATTR amyloid deposits <ul style="list-style-type: none"> - Technetium pyrophosphate scan (known as PYP scan) (± SPECT) - Alternative to PYP scan: Technetium-99m Hydroxymethylene Diphosphonate (99mTc-HMDP) - Cardiac tissue biopsy • Diagnostic cardiac imaging suggestive of amyloidosis <ul style="list-style-type: none"> - Echocardiogram - Cardiac magnetic imaging
	Example of VYNDAMAX-specific criteria	Example information that may be appropriate to provide
	Heart failure	<ul style="list-style-type: none"> • NYHA class I – III
	Prescribed by Specialist	<ul style="list-style-type: none"> • A cardiologist or physician who treats amyloidosis
	Sometimes Required	<ul style="list-style-type: none"> • At least 1 prior hospitalization for heart failure • Clinical symptoms of cardiomyopathy and heart failure

To support an appeal, consider including:

A Letter of Medical Necessity [\(see example here\)](#)

A Letter of Appeal with clinical rationale [\(see example here\)](#)

Options for additional support regarding the PA process:



Contact your Pfizer Field Access Specialist for more information on common PA requirements. For help identifying your FAS, call: **888-863-1177**



Visit www.CoverMyMeds.com for a resource that supports healthcare providers during the PA process.



Visit myVYNASSIST.com For access and support resources

Please ensure that all of the appropriate information is included in the PA request. The most common reasons for PA denial may include:

- Incorrect ICD-10-CM code(s) for ATTR-CM
- Lack of documentation supporting correct diagnosis

ATTR-CM, transthyretin amyloid cardiomyopathy; ICD, implantable cardioverter-defibrillator; ICD-10-CM, International Classification of Diseases, 10th Revision, Clinical Modification; NYHA, New York Heart Association; PYP, pyrophosphate; SPECT, single-photon emission computed tomography.

VYNDAMAX[®] (tafamidis)^{*} full prescribing information, available at www.VyndamaxHCP.com

^{*}The PA process is similar for VYNDAMAX and VYNDAQEL[®] (tafamidis meglumine).

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