

**Louisiana Medicaid
Patisiran (Onpattro®)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for patisiran (Onpattro®).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

Approval Criteria for Initiation of Therapy

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of polyneuropathy caused by hereditary transthyretin-mediated amyloidosis (hATTR-PN); **AND**
- The recipient has a transthyretin (TTR) mutation confirmed by genetic testing (date and result must be **stated on the request**); **AND**
- The recipient has symptoms of polyneuropathy (e.g. impaired sensation, motor dysfunction, digestive system dysfunction) [must be **stated on the request**]; **AND**
- The prescriber **states on the request** that the requested medication is not prescribed concurrently with other TTR-directed therapy, such as Amvuttra™ and Wainua®; **AND**
- This medication is prescribed by, or the request states that the medication is being prescribed in consultation with, a neurologist or physician who specializes in the treatment of amyloidosis.

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that there is evidence of a positive response to therapy as indicated by either maintenance of the current condition or improvement in signs and symptoms compared to baseline (e.g. improved quality of life, slowing of disease progression); **AND**
- The prescriber **states on the request** that the requested medication is not prescribed concurrently with other TTR-directed therapy, such as Amvuttra™ and Wainua®.

Duration of approval for initiation and continuation of therapy: 12 months

References

Adams D, Gonzalez-Duarte A, O'Riordan WD, et al. Patisiran, an RNAi therapeutic, for hereditary transthyretin amyloidosis. *N Engl J Med*. 2018;379(1):11-21.

Onpattro (patisiran) [package insert]. Cambridge, MA: Alnylam Pharmaceuticals, Inc; January 2023.
<https://www.alnylam.com/sites/default/files/pdfs/ONPATTRO-Prescribing-Information.pdf>

Revision / Date	Implementation Date
Policy created / June 2025	January 2026