

**Louisiana Medicaid  
Eplontersen (Wainua®)**

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

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 Onpattro®; **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 Onpattro®.

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

**Reference**

Coelho T, Marques W, Dasgupta NR, et al. Eplontersen for Hereditary Transthyretin Amyloidosis With Polyneuropathy. *JAMA*. 2023;330(15):1448–1458. doi:10.1001/jama.2023.18688

Wainua (eplontersen) [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; April 2025. [https://drd9vr9y9y09.cloudfront.net/50fd68b9-106b-4550-b5d0-12b045f8b184/d9f47b27-50ff-4cc5-807e-3f69664872e2/d9f47b27-50ff-4cc5-807e-3f69664872e2\\_viewable\\_rendition\\_v.pdf](https://drd9vr9y9y09.cloudfront.net/50fd68b9-106b-4550-b5d0-12b045f8b184/d9f47b27-50ff-4cc5-807e-3f69664872e2/d9f47b27-50ff-4cc5-807e-3f69664872e2_viewable_rendition_v.pdf)

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