Non-formulary **tafamidis meglumine (Vyndaqel)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

- Prescribed by a cardiologist -**AND**-
- Age 18 years and older -**AND**-
- Diagnosis of Cardiac Amyloidosis on Problem List -**AND**-
- Evidence of cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis (ATTR-CM) demonstrated by:
  - Positive biopsy demonstrating transthyretin (TTR)-amyloid deposition
  - OR
  - Meeting all three of the following:
    1. Diagnosis of heart failure (defined as stage C heart failure (HF) plus NYHA class I, II, or III)
    2. Pyrophosphate (PYP) scintigraphy cardiac uptake visual score of either:
       - Grade 2 or 3 using the Perugini Grade 1-3 scoring system
       - Calculated heart-to-contralateral (H/CL) ratio > 1.5
    3. Absence of monoclonal gammopathy after testing for serum immunofixation (IFE) and serum free light chains
  - **AND**-
- Medical history of HF with at least 1 prior hospitalization for HF or clinical evidence of HF (without hospitalization) manifested by signs or symptoms of volume overload or elevated intracardiac pressures that require treatment with diuretic -**AND**-
- Patient does NOT have glomerular (GFR) or creatinine clearance (CrCl) < 25 ml/min -**AND**-
- Patient is NOT receiving inotersen or patisiran* -**AND**-
- Patient has NOT had prior heart or liver transplantation -**AND**-
- Patient does NOT have an implanted cardiac mechanical assist device -**AND**-

* Concurrent treatment has not been studied and is considered experimental

- Tafamidis meglumine (Vyndaqel) 80 mg PO Daily = Tafamidis (Vyndamax) 61 mg PO Daily