

**POLICY NAME**

Tegsedi (inotersen)

**POLICY #**

2707P

## Criteria

### Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Members also taking Onpattro (patisiran) or Amvuttra

### Coverage Criteria

- ☐ 1.1 Diagnosis of polyneuropathy of hereditary transthyretin-mediated (hATTR) amyloidosis
- ☐ 1.2 Documentation that the patient has a pathogenic TTR gene mutation (e.g., V30M)
- ☐ 1.3 Age 18 years or older
- ☐ 1.4 Presence of clinical signs and symptoms of the disease (e.g., peripheral/autonomic nerve pain, motor disability, heart dysfunction, kidney dysfunction)
- ☐ 1.5 One of the following:
- Patient has a baseline polyneuropathy disability (PND) score IIIb
  - Patient has a baseline familial amyloidotic polyneuropathy (FAP) Stage 1 or 2
- ☐ 1.6 Prescribed by or in consultation with a neurologist (nervous system doctor)