

POLICY NAME	Tegsedi (inotersen)	POLICY #	2707P
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Criteria

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)

Exclusion Criteria – Any of the following prevents coverage

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