



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Tegsedi™ (inotersen)

Review Criteria

Member must meet all the following criteria for specific diagnosis:

- Member must be at least 18 years of age
- Member must have diagnosis of LATTR (polyneuropathy of hereditary transthyretin mediated amyloidosis) confirmed by genetic testing is required
- Medication must be prescribed by or in consultation with a physician who specializes in the treatment of amyloidosis
- Presence of polyneuropathy must be confirmed by baseline scores of one of the following:
 - Polyneuropathy disability score (PND)
 - Baseline Familial Amyloid Polyneuropathy (FAP) stage 1 or 2
 - Baseline neuropathy impairment (NIS) score
- Patient must not be receiving any of the following in combination with Tegsedi:
 - Onpattro
 - Diflunisal
- Member must not have had a liver transplant
- Initial approval for 6 months

- Continuation of therapy approval requires update from provider indicating the member has had a positive clinical response to therapy, as evidenced by improvement or stabilization in baseline scores
- Approval will be granted in one-year intervals

Limitations:

- Maximum allowed quantity is 1 injection weekly