

**inotersen, SC (TEGSEDI)**

**Diagnosis Considered for Coverage:**

- Hereditary transthyretin amyloidosis (hATTR) with polyneuropathy (aka Familial amyloid polyneuropathy [FAP])

**Coverage Criteria:**

**For diagnosis listed above:**

- Patient is at least 18 years, **and**
- Being recommended by a neurologist, **and**
- Documented diagnosis of hATTR with polyneuropathy confirmed by documentation of a pathogenic TRR mutation, **and**
- Not being used in combination with other gene silencer for hATTR (Onpattro or Tafamidis), **and**
- Dose does not exceed FDA label maximum.

**Coverage Duration:** one year

Effective Date: 11/2/2023