FUTURE SCRIPTS Secure

Please complete ALL information below and fax your request to 1-888-671-5285

Tegsedi™ Coverage Determination Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:	Office Contact:	
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name: Select one of the following: ❑ Request is for **GENERIC** ❑ Request is for **BRAND** (unable to take the generic)	Strength:	Dosage Form:
❑ Check if request is for **continuation of therapy**	Directions for Use:	

Clinical Information (required)

Select the Type of Coverage Determination Requested:

❑ **Prior Authorization**- Request is for a drug that requires prior authorization under the plan.

Select the diagnosis below:

❑ Hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) with polyneuropathy

❑ Other diagnosis: _____ ICD-10 Code(s): _____

Clinical Information:

Is there documentation the patient has hATTR amyloidosis with polyneuropathy confirmed by molecular genetic testing that reveals pathogenic variation(s) in the TTR gene (e.g. variation of V30M)? ❑ **Yes** ❑ **No**

Select if there is documentation the patient has one of the following baseline ambulation parameters in either the familial amyloid polyneuropathy (FAP) stage or polyneuropathy disability (PND) score:

- ❑ Stage 1 (unimpaired ambulation) or 2 (assisted ambulation) on the familial amyloid polyneuropathy (FAP) staging tool
- ❑ Score I, II, IIIa, or IIIb on the polyneuropathy disability (PND) scoring tool

Does the patient have documented presence of cardiac or renal manifestations, or motor, sensory, or autonomic neuropathy related to the hATTR amyloidosis with polyneuropathy (e.g., neuropathic pain, muscle weakness that affects daily living, orthostatic hypotension, diarrhea, nausea, vomiting, heart failure, arrhythmias, proteinuria, renal failure; vision disorders, such as vitreous opacity, dry eyes, glaucoma, or pupils with an irregular or scalloped appearance)? ❑ **Yes** ❑ **No**

Is Tegsedi prescribed by or in consultation with a neurologist? ❑ **Yes** ❑ **No**

Reauthorization:

Is there documentation, based on objective or standard evaluation scales, in improvement or stability in the signs and symptoms of hATTR amyloidosis with polyneuropathy (e.g., neuropathic pain, muscle weakness that affects daily living, orthostatic hypotension, diarrhea, nausea, vomiting, heart failure, arrhythmias, proteinuria, renal failure; vision disorders, such as vitreous opacity, dry eyes, glaucoma, or pupils with an irregular or scalloped appearance)? ❑ **Yes** ❑ **No**

Is Tegsedi prescribed by or in consultation with a neurologist? ❑ **Yes** ❑ **No**

Select if the patient has one of the following:

- ❑ Stage 1 (unimpaired ambulation) or 2 (assisted ambulation) on the familial amyloid polyneuropathy (FAP) staging tool
- ❑ Score I, II, IIIa, or IIIb on the polyneuropathy disability (PND) scoring tool

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

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Please note: This request may be denied unless all required information is received.

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