



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

### Tegsedi™ Prior Authorization 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:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if <b>generic substitution</b> is acceptable		Directions for Use:
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>		

Clinical Information (required)	
<b>Select the diagnosis below:</b>	
<input type="checkbox"/> Polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR)	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	

<p><b>Clinical Information:</b></p> <p>Is Tegsedi prescribed by or in consultation with a neurologist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have transthyretin mutation (e.g., V30M) confirmed by molecular genetic testing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Select if there is documentation that the patient has the following baseline ambulation parameters in either the familial amyloid polyneuropathy (FAP) stage or polyneuropathy disability (PND) score:</p> <p><input type="checkbox"/> Stage 1 (unimpaired ambulation) or 2 (assisted ambulation) on the familial amyloid polyneuropathy (FAP) staging tool</p> <p><input type="checkbox"/> Score I, II, IIIa, or IIIb on the polyneuropathy disability scoring tool</p> <p>Does the patient have documented presence of cardiac or renal manifestations, or motor, sensory, or autonomic neuropathy related to 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there documentation confirming the patient has <b>NOT</b> had a liver transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---

<p><b>Continuation:</b></p> <p>Select if there is documentation of the following for the patient:</p> <p><input type="checkbox"/> Stage 1 (unimpaired ambulation) or 2 (assisted ambulation) on the familial amyloid polyneuropathy (FAP) staging tool</p> <p><input type="checkbox"/> Score I, II, IIIa, or IIIb on the polyneuropathy disability (PND) scoring tool</p> <p>Does the patient have documented 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) based on objective or standard evaluation scales? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--

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

---

---

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

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of FutureScripts. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: Tegsedi\_FS\_2019Jun-W