Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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Tegsedi (inotersen)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Tegsedi (inotersen)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Tegsedi (inotersen) may be approved if the following criteria are met:

I. Individual has a diagnosis of hereditary transthyretin (hATTR) amyloidosis or familial amyloid polyneuropathy (FAP); **AND**
II. Individual has a TTR mutation confirmed by genotyping; **AND**
III. Individual has associated mild to moderate polyneuropathy; **AND**
IV. Individual has a baseline platelet count greater than or equal to 100 x 10^9/L; **AND**
V. Individual has a urinary protein to creatinine ratio (UPCR) greater than or equal to 1000 mg/g.

Requests for Tegsedi (inotersen) may **not** be approved for the following:

I. Individual has a history of liver transplantation; **OR**
II. Individual has severe renal impairment or end-stage renal disease; **OR**
III. Individual has a history of acute glomerulonephritis caused by Tegsedi (inotersen); **OR**
IV. Individual has moderate or severe hepatic impairment; **OR**
V. Individual has New York Heart Association (NYHA) class III or IV heart failure; **OR**
VI. Individual has sensorimotor or autonomic neuropathy not related to hATTR amyloidosis (monoclonal gammopathy, autoimmune disease, etc.).

Note: Tegsedi (inotersen) has black box warnings for thrombocytopenia and glomerulonephritis. Tegsedi causes reductions in platelet count that may result in sudden and unpredictable thrombocytopenia and is contraindicated in individuals with a platelet count

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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below 100 x 109/L at baseline. During treatment, platelet counts should be monitored weekly if values are 75 x 109/L or greater, and more frequently if values are less than 75 x 109/L. Following discontinuation of therapy, platelet counts should be monitored for 8 weeks or longer to verify values remain above 75 x 109/L. Tegsedi can cause glomerulonephritis that may require immunosuppressive treatment and may result in dialysis-dependent renal failure. Tegsedi should not be initiated in patients with urinary protein to creatinine ratio (UPCR) of 1000 mg/g or higher. Serum creatinine, estimated glomerular filtration rate (eGFR), and UPCR should be monitored at baseline and every two weeks during treatment. Tegsedi should not be administered to individuals who develop a UPCR of 1000 mg/g or higher or eGFR below 45 mL/min/1.73 m2, pending further evaluation. The FDA has required the manufacturer to develop a comprehensive risk management program that includes the enrollment of prescribers in the Tegsedi RMS Program. Additional information and forms for individuals, prescribers, and pharmacists may be found on the manufacturer's website: www.tegsedirems.com.

State Specific Mandates		
State name N/A	Date effective N/A	Mandate details (including specific bill if applicable) N/A

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: http://www.clinicalpharmacology.com. Updated periodically.
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3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
5. Benson MD, Waddington-Cruz M, Berk JL, et al. Inotersen Treatment for Patients with Hereditary Transthyretin Amyloidosis. N Engl J Med 2018;379:22-31.

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