

What is your patient's diagnosis?

- Cardiomyopathy of Hereditary Transthyretin–Mediated Amyloidosis (hATTR) in the Absence of Polyneuropathy Symptoms
- Polyneuropathy of Hereditary Transthyretin–Mediated Amyloidosis (hATTR)
- Polyneuropathy Not Related to of Hereditary Transthyretin–Mediated Amyloidosis (hATTR)
- Other (please specify):

Clinical Information:

****This drug REQUIRES supportive documentation for ALL answers, including genetic testing, chart notes, etc.****

Was the patient's diagnosis confirmed by genetic test results showing a transthyretin (TTR) genetic variant (pathogenic or likely pathogenic variant)? Yes No

Is there documentation the patient has symptomatic polyneuropathy confirmed by history and clinical exam, electromyography, or nerve conduction velocity? Yes No

Have other causes of neuropathy have been excluded (for example, diabetes)? Yes No

Has the patient had a liver transplant? Yes No

Is the requested medication prescribed by (or in consultation with) a neurologist, geneticist, or a physician who specializes in the treatment of amyloidosis? Yes No

Will the requested medication be used concomitantly with Onpattro (patisiran intravenous injection), Tegsedi (inotersen subcutaneous injection), Wainua (eplontersen subcutaneous injection) or a Tafamidis product (examples - Vyndaqel and Vyndamax)? Yes No

Additional Pertinent Information: *(please include clinical reasons for drug, relevant lab values, etc.)*

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

Save Time! Submit Online at: www.covermy meds.com/main/prior-authorization-forms/cigna/ or via SureScripts in your EHR.

Our standard response time for prescription drug coverage requests is 5 business days. If your request is urgent, it is important that you call us to expedite the request. View our Prescription Drug List and Coverage Policies online at cigna.com.

V040124

“Cigna” is a registered service mark, and the “Tree of Life” logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include, for example, Cigna Health and Life Insurance Company and Cigna Health Management, Inc. Address: Cigna Pharmacy Services, PO Box 42005, Phoenix AZ 85080-2005