Mass General Brigham
Health Plan

Attruby (acoramidis)
Effective 07/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Attruby (acoramidis) is a transthyretin stabilizer indicated for the treatment of the cardiomyopathy of wild-type or variant transthyretin-mediated amyloidosis (ATTR-CM) in adults to reduce cardiovascular death and cardiovascular-related hospitalization.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance program
OR
Authorization may be granted when all of the following criteria are met:

1. Diagnosis of transthyretin-mediated amyloidosis with cardiomyopathy (ATTR-CM)
2. Member is 18 years of age or older
3. Diagnosis is confirmed by at least ONE of the following:
    a. Presence of transthyretin (TTR) mutation (e.g., V122I)
    b. Presence of TTR amyloid deposits in biopsy tissue
    c. Cardiac magnetic resonance imaging or scintigraphy scan suggestive of amyloidosis and light chain testing has ruled out light chain amyloidosis (AL amyloidosis)
4. Member has New York Heart Association (NYHA) Functional Class I, II, or III heart failure
5. Requested medication is not used in combination with a TTR silencer (e.g., Amvuttra) or a TTR stabilizer (e.g., diflunisal, Vyndamyax, Vyndaqel)
6. Requested medication is prescribed by or in consultation with a cardiologist.

<u>Continuation of Therapy</u>
Requests for reauthorization will be approved when the following criteria are met:

1. Documentation is submitted demonstrating member has had a positive clinical response to therapy (e.g, improvement in 6-minut walk test [6MWT] compared to baselined, decreased number of

cardiovascular-related hospitalizations, improvement in Kansas City Cardiomyopathy Questionnaire, improvement in signs and symptoms, slowing of disease progression)

Limitations

1. Initial and reauthorization requests will be approved for 12 months.

References

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Review History
04/09/2025 – Reviewed at April P&T. Effective 07/01/2025.