

**ATTRUBY
(acoramidis)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Cardiomyopathy of wild-type or variant transthyretin-mediated amyloidosis (ATTR-CM)

AND ALL of the following:

- 1 Diagnosis has been confirmed by a genetic test **OR** tissue biopsy showing amyloid deposition
- 2 Clinical signs and symptoms of cardiac involvement by **ALL** of the following:
 - a. End-diastolic interventricular septal wall thickness ≥ 12 mm by echocardiography
 - b. History of heart failure with at least one hospitalization for heart failure **OR** clinical evidence of heart failure with signs and symptoms of volume overload or elevated intracardiac pressures requiring treatment with a diuretic for improvement
 - c. Baseline NT-proBNP ≥ 300 pg/mL
- 3 NYHA class I – III symptoms due to ATTR cardiomyopathy
- 4 **NO** light-chain amyloidosis

Prior - Approval Limits

Quantity 336 tablets per 84 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:



**BlueCross
BlueShield**

Federal Employee Program.

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Cardiomyopathy of wild-type or variant transthyretin-mediated amyloidosis
(ATTR-CM)

AND the following:

- a. Patient's condition has improved or stabilized [e.g., reduced number of hospitalizations, improved 6-minute walk test (6-MWT), or improved Kansas City Cardiomyopathy Questionnaire Overall Summary Score (KCCQ-OS)]

Prior - Approval *Renewal* Limits

Same as above