

Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Acoramidis (Attruby)

Notes:

- * Concurrent treatment has not been studied and is considered experimental

Non-Formulary **acoramidis (Attruby)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start)/current/new members criteria: Non-formulary **acoramidis (Attruby)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a cardiologist
- Patient is at least 18 years of age
- Diagnosis of Cardiac Amyloidosis
- Evidence of cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis (ATTR-CM) demonstrated by either:
 - Positive biopsy or scintigraphy demonstrating transthyretin (TTR)-amyloid deposition
 - Meeting all three of the following:
 - Diagnosis of heart failure [defined as stage C heart failure (HF) plus NYHA class I, II, or III] and either:
 - Echocardiogram with end-diastolic interventricular septal wall thickness > 12 mm
 - Cardiac MRI consistent with, or suggestive of, amyloidosis
 - Pyrophosphate (PYP) scintigraphy cardiac uptake visual score of either:
 - Grade 2 or 3 using the Perugini Grade 1-3 scoring system
 - Calculated heart-to-contralateral (H/CL) ratio of 1.5 or greater
 - Absence of monoclonal gammopathy after testing for serum immunofixation (IFE) and serum free light chains
- Medical history of HF with at least 1 prior hospitalization for HF or clinical evidence of HF (without hospitalization) manifested by signs or symptoms of volume overload or elevated intracardiac pressures that require treatment with diuretic
- Patient does NOT have glomerular (GFR) less than 30 mL/min
- Patient is NOT receiving inotersen or patisiran*
- Patient has NOT had prior heart or liver transplantation
- Patient does NOT have an implanted cardiac mechanical assist device
- Patient does NOT have severe hepatic impairment and/or cirrhosis

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