Original Effective Date: 03/28/2025
Current Effective Date: 10/02/2025
Last P&T Approval/Version: 07/30/2025
Next Review Due By: 07/2026
Policy Number: C29036-A

Attruby (acoramidis)

PRODUCTS AFFECTED

Attruby (acoramidis)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Cardiomyopathy of wild-type or variant transthyretin-mediated amyloidosis

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. CARDIOMYOPATHY:
   1. Documented diagnosis of cardiomyopathy of wild-type or variant transthyretin-mediated amyloidosis (ATTR-CM)
      AND
   2. Documentation of BOTH of the following [DOCUMENTATION REQUIRED]:

   a. Member must have presence of amyloid deposits in biopsy tissue
      AND
   b. Documentation of presence of a variant TTR genotype and/or TTR precursor protein identification by immunohistochemistry, scintigraphy, or mass spectrometry

AND

3. Documentation member has evidence of cardiac involvement by echocardiography with an end-diastolic interventricular septal wall thickness >12 mm
   AND
4. Documentation of the presence of clinical signs and symptoms of the disease (e.g., peripheral/autonomic neuropathy, motor disability, cardiovascular dysfunction, renal dysfunction) and baseline functional status assessment (e.g., 6 minute walk test [6MWT], Kansas City Cardiomyopathy Questionnaire-Overall Summary [KCCQ-OS]) to be used to assess drug therapy efficacy at renewal
   AND
5. Documentation of baseline clinical manifestations as evidenced by ONE of the following [DOCUMENTATION REQUIRED]:
   a. Documented diagnosis of NYHA functional class I, II, or III heart failure with at least one prior hospitalization for heart failure
      OR
   b. Clinical evidence of HF (without hospitalization) manifested by signs or symptoms of volume overload or elevated intracardiac pressures (e.g., elevated jugular venous pressure, shortness of breath or signs of pulmonary congestion on x-ray or auscultation, peripheral edema) requiring treatment with a diuretic for improvement

   AND
6. Prescriber attests that member will not receive Attruby in combination with TTR-lowering agents (e.g., patisiran, inotersen, eplontersen, vutrisiran) OR other Tetramer stabilizers (e.g., diflunisal, tafamidis) (See Background – Concurrent Use with TTR silencer)

CONTINUATION OF THERAPY:

A. CARDIOMYOPATHY:
   1. Documentation of clinical improvement in symptoms or evidence of slowing of clinical decline OR decrease in number of hospitalizations since initial authorization, OR improvement or stabilization of the 6-minute walk test since initial authorization OR stabilization or improvement in KCCQ-OS [DOCUMENTATION REQUIRED]
      AND
   2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

DURATION OF APPROVAL:

Initial authorization: 12 months, Continuation of Therapy: 12 months

PRESCRIBER REQUIREMENTS:

Prescribed by or in consultation with a cardiologist, geneticist, or a physician who specializes in the treatment of amyloidosis [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:

18 years of age and older

QUANTITY:

712 mg twice daily

PLACE OF ADMINISTRATION:

The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and

patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Oral

DRUG CLASS:
Transthyretin Stabilizers

FDA-APPROVED USES:
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.

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Transthyretin amyloidosis (ATTR) is an accumulation of transthyretin (TTR) amyloid fibrils in various tissues. TTR is a 127 amino acid protein that forms a tetrameric transport protein primarily synthesized in the liver. The hereditary form of ATTR is caused by autosomal dominant mutations in the TTR gene. The wild-type form is typically associated with aging and occurs in the presence of a normal wrTTR gene. These mutations lead to abnormally folded monomers that self-assemble to create amyloid fibrils; they are then deposited extracellularly in various tissues. There are more than 120 reported TTR single point mutations, with the most common mutations being T60A, V30M, and V122I. These mutations can lead to polyneuropathy, autonomic neuropathy, cardiomyopathy, ocular manifestations, or a mixture of those listed.

The cardiomyopathy of ATTR, regardless of its origin, is referred to as ATTR-CM. The presence of amyloid causes clinical characteristics such as poor diastolic relaxation, causing heart failure (HF), often with preserved ejection fraction (HFpEF). Typical symptoms of HFpEF include edema, ascites, hepatomegaly, and elevated jugular pressures. The disease is often rapidly progressive, with a life expectancy of only 3 to 5 years from diagnosis, depending on the subtype. Attruby is a selective stabilizer of transthyretin (TTR). Attruby binds TTR at thyroxine binding sites and slows dissociation of the TTR tetramer into its constituent monomers, the rate-limiting step in amyloidogenesis.

The efficacy of ATTRUBY was demonstrated in a Phase 3 multicenter, international, randomized, double-blind, placebo-controlled study in 611 adult patients with wild-type or variant (hereditary or de novo) ATTR-CM (NCT03860935).
Participants were randomized (2:1) to receive ATTRUBY 712 mg (n=409) or placebo (n=202) twice daily for 30 months. Treatment assignment was stratified by type of ATTR-CM [variant (ATTRv-CM) or wildtype (ATTRwt-CM)], NT-proBNP level, and estimated glomerular filtration rate (eGFR). The mean age of study participants was 77 years, 90.8% were male, 87.9% were White, 4.7% Black or African American, 2.1% Asian, 5.3% race other, 19% had a history of permanent pacemaker and 58% had a history of atrial fibrillation. No significant imbalance in baseline characteristics was observed between the two treatment groups.

Participants were permitted to initiate open-label tafamidis after 12 months in the study. A total of 107 participants received tafamidis: 61 (14.9%) in the ATTRUBY arm and 46 (22.8%) in the placebo arm. The median time to initiation of tafamidis for these 107 participants was 17 months.

The primary composite endpoint included all-cause mortality (ACM) and cumulative frequency of cardiovascular-related hospitalizations (CVH) over 30 months, analyzed hierarchically using the stratified Finkelstein-Schoenfeld (F-S) test. The F-S test demonstrated a statistically significant reduction (p=0.018) in ACM and cumulative frequency of CVH in the ATTRUBY arm versus the placebo arm. All-cause mortality was reported in 19% and 26% of participants in the ATTRUBY and placebo groups, respectively. The majority (79%) of the deaths were cardiovascular. CVH was reported in 27% and 43% of participants in the ATTRUBY and placebo groups, respectively. The mean number of CVH events was 0.3 vs 0.6 per year. The majority (59%) of CVH were heart failure hospitalizations reported in 13% and 26% of the participants in the ATTRUBY and placebo groups, respectively.

The treatment effect of ATTRUBY on functional capacity and health status was assessed by the 6MWD and the Kansas City Cardiomyopathy Questionnaire-Overall Summary score (KCCQ-OS) respectively. At month 30, the LS mean difference (95% CI) in change from baseline in 6MWD was 40 [21, 58] meters ($p < 0.0001$) and change from baseline in KCCQ-OS was 10 [6, 14] points ($p < 0.0001$)

Notably, key secondary endpoint results showed functional capacity and health status also improved with acoramidis. The least squares mean difference in change from baseline in the 6-minute walk distance assessment was 40 meters (95% CI, 21-58; P <.0001) and the change from baseline in the Kansas City Cardiomyopathy Questionnaire Overall Score was 10 points (95% CI, 6-14; P <.0001) at month 30.

The most common adverse reactions reported were mild gastrointestinal reactions such as diarrhea and upper abdominal pain.

Concurrent Use with TTR Silencer

The 2020 American Heart Association (AHA) scientific statement Cardiac Amyloidosis: Evolving Diagnosis and Management addresses the treatment strategies for transthyretin amyloid cardiomyopathy (ATTR-CM). In this statement, the AHA concluded that, as of 2020, data were insufficient to support the use of combination therapy involving both transthyretin (TTR) stabilizers and TTR silencers for ATTR-CM. The 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure do not address the concurrent use of TTR silencers with stabilizers. The 2023 ACC Expert Consensus Decision Pathway on Comprehensive Multidisciplinary Care for the Patient With Cardiac Amyloidosis acknowledges tafamidis as the only FDA-approved medication for ATTR-CM and does not provide recommendations on combination therapy. While clinical trials such as the HELIOS-B have permitted patients previously on tafamidis to continue its use alongside vutrisiran, the results of these studies have not yet led to guideline changes regarding combination therapy. HELIOS-B was not powered or designed to study the benefit of combined therapy. Therefore, current guidelines remain unchanged, and combination therapy is not yet recommended.

Patient specific exception should be reviewed when there is documented clinically significant progression of ATTR-CM symptoms on current therapy and provider has submitted clinical rationale for combination therapy with lack of alternative options.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Attruby (acoramidis) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Attruby (acoramidis) include: No labeled contraindications. Avoid concomitant use of Attruby with UDP-glucuronosyltransferases (UGT) inducers and strong CYP3A inducers.

OTHER SPECIAL CONSIDERATIONS:

Attruby can be administered with or without food. Swallow tablets whole; do not cut, crush, or chew.

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Attruby TBPK 356MG

REFERENCES

1. Attruby (acoramidis) tablets, for oral administration [prescribing information]. Palo Alto, CA: BridgeBio Pharma, Inc.; November 2024.
2. Kittleson, M. M., Maurer, M. S., Ambardekar, A. V., Bullock-Palmer, R. P., Chang, P. P., Eisen, H. J., … Ruberg, F. L. (2020). Cardiac Amyloidosis: Evolving Diagnosis and Management: A Scientific Statement From the American Heart Association. Circulation, 142(1). https://doi.org/10.1161/cir.0000000000000792
3. Heidenreich, P. A., Bozkurt, B., Aguilar, D., Allen, L. A., Byun, J. J., Colvin, M. M., … Milano, C. A. (2022). 2022 AHA/ACC/HFSA Guideline for the Management of Heart failure: a Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation, 145(18). https://doi.org/10.1161/cir.0000000000001063
4. Kittleson, M. M., Ruberg, F. L., Ambardekar, A. V., Brannagan, T. H., Cheng, R. K., Clarke, J. O., … Sheikh, F. H. (2023). 2023 ACC Expert Consensus Decision Pathway on Comprehensive Multidisciplinary Care for the Patient With Cardiac Amyloidosis. Journal of the American College of Cardiology, 81(11), 1076–1126. https://doi.org/10.1016/j.jacc.2022.11.022

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Continuation of Therapy Duration of Approval Background References	Q3 2025
NEW CRITERIA CREATION	Q1 2025