

**Louisiana Medicaid  
Acoramidis (Attruby™)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for acoramidis (Attruby™).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

**Approval Criteria for Initiation of Therapy**

- The recipient is 18 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of wild-type or variant transthyretin-mediated amyloidosis (ATTR-CM) confirmed by definitive tests [dates, type of testing, and results are **stated on the request**]; **AND**
- The recipient has a medical history of heart failure with at least one prior hospitalization for heart failure within 12 months prior to the date of the request [**List most recent date of hospitalization**]; **AND**
- The recipient does **NOT** have a diagnosis of New York Heart Association (NYHA) class IV heart failure; **AND**
- This medication is prescribed by, or the request states that the medication is being prescribed in consultation with, a cardiologist or physician who specializes in the treatment of amyloidosis.

**Approval Criteria for Continuation of Therapy**

- The prescriber **states on the request** that there is evidence of a positive response to therapy as indicated by either maintenance of the current condition or improvement in signs and symptoms compared to baseline (e.g. improved cardiac function, quality of life, slowing of disease progression, decreased hospitalizations).

**Duration of approval for initiation and continuation of therapy: 12 months**

**References**

Attruby (acoramidis) [package insert]. Palo Alto, CA: BridgeBio Pharma, Inc; November 2024.

[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2024/216540s000lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/216540s000lbl.pdf)

ClinicalTrials.gov. Efficacy and Safety of AG10 in Subjects With Transthyretin Amyloid Cardiomyopathy (ATTRIBUTE-CM). <https://clinicaltrials.gov/study/NCT03860935>

<b>Revision / Date</b>	<b>Implementation Date</b>
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