**Sample letter of prior authorization denial appeal for AttrubyTM (acoramidis)**

This sample letter contains suggestions for the type of information to consider when a letter of appeal to a patient’s insurance provider is appropriate. Any letter of appeal should be based on your medical judgment and discretion.

Use of any information suggested in this letter does not guarantee that the health plan will approve coverage, and it is not intended to be a substitute for, or an influence on, the independent medical judgment of the healthcare provider. When completing any request, it is the responsibility of the healthcare provider to adhere to the payer's specific requirements at that time.

Physician letterhead

Date

Attn: Insert health plan contact name Patient name: Insert patient name

Insert health plan name DOB: Insert patient’s date of birth

Insert health plan mailing address Policy number: Insert subscriber policy number

 Group number: Insert subscriber group number

 Claim number: Insert patient claim number

**RE: Request for authorization of AttrubyTM (acoramidis)**

Dear insert appeal reviewer/name of health plan contact,

I am writing as the treating healthcare provider to appeal the denial of Attruby on behalf of my patient, insert patient name, who has been diagnosed with transthyretin amyloid cardiomyopathy (ATTR-CM).

**Overview of ATTR-CM**

ATTR-CM is a rare and fatal condition characterized by restrictive cardiomyopathy and progressive heart failure. In patients with ATTR-CM, transthyretin breaks down and forms amyloid fibrils, which build up in heart tissue and limit the heart’s ability to pump blood. With increasing amyloid deposits, the heart chambers progressively stiffen and weaken, leading to heart failure. Patients usually die within 3 to 5 years of receiving a diagnosis.1-4

I understand from your denial letter(s) dated insert month, day, year that the prior authorization for Attruby has been denied because quote denial reason(s) as communicated in the denial letter(s). After reviewing the letter(s), I maintain that Attruby is the appropriate treatment for my patient, and I ask that you reconsider your decision to deny coverage. The goal(s) of treatment with Attruby is/are to reduce the risk of death/reduce cardiovascular-related hospitalization/other goals based on your clinical discretion.

Please refer to the patient’s chart notes, including relevant medical history:

* Insert appropriate ICD-10-CM code
* Insert brief description of the patient’s recent symptoms and functional status
* Insert current/previous therapies used for treating ATTR-CM and associated symptoms and patient’s response to these therapies
* Insert summary of your patient’s need for Attruby based on your professional opinion
* Insert any other additional relevant clinical details

In addition to the information above, please also see the enclosed documents further supporting the use of Attruby for my patient.

In conclusion, treatment with Attruby for insert patient name is medically appropriate, and I would appreciate your immediate review and approval of this appeal.

If you have further questions, please contact my office at insert phone number. I look forward to receiving your timely response and coverage determination.

Sincerely,

Insert prescriber name and date

Insert NPI number

Insert prescriber contact information

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 (Signature) (Date)

Enclosures: Examples: Attruby Prescribing Information, published data (eg, *New England Journal of Medicine* publication), clinical notes/medical records/test results (eg, genetic testing, scintigraphy, biopsy)

**References: 1.** Maurer MS, Elliot P, Comenzo R, Semigran M, Rapezzi C. Addressing common questions encountered in the diagnosis and management of cardiac amyloidosis. *Circulation*. 2017;135(14):1357-1377. **2.** Maurer MS, Hanna M, Grogan M, et al. Genotype and phenotype of transthyretin cardiac amyloidosis: THAOS (Transthyretin Amyloid Outcome Survey). *J Am Coll Cardiol*. 2016;68(2):161-172. **3.** Transthyretinamyloidosis (ATTR-CM). Cleveland Clinic. Accessed November 12, 2024. https://my.clevelandclinic.org/health/diseases/17855-amyloidosis-attr **4.** Eidos therapeutics initiates ATTRibute-CM, a Phase 3 study of AG10 in ATTR-CM with registrational 12-month endpoint. Press release. BridgeBio Pharma, Inc; February 27, 2019. Accessed November 12, 2024**.** https://investor.bridgebio.com/news-releases/news-release-details/eidos-therapeutics-initiates-attribute-cm-phase-3-study-ag10

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