Early Real-World Use of Acoramidis: Insights From the German StarTTR Cohort

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INTRODUCTION

- Transthyretin amyloid cardiomyopathy (ATTR-CM) is increasingly recognised as a cause of heart failure, with a median survival of only a few years from diagnosis.[1]
- Acoramidis, a highly selective transthyretin (TTR) stabiliser that achieves near-complete TTR stabilisation,[2] is approved for the treatment of wild-type and variant ATTR-CM in the European Union, United States, Japan, United Kingdom, and Switzerland.[3–7]
- There are limited real-word data regarding individuals receiving acoramidis for the first time, or those switching from an existing TTR stabiliser (tafamidis).
- This study was performed to characterise patients with ATTR-CM who initiated acoramidis as part of routine care, in Germany.
- The analysis aimed to provide a greater understanding of the sociodemographic characteristics, pre-treatment history and co-medications of these individuals and to inform comparative effectiveness research.

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METHODS

- Retrospective, non-interventional, observational cohort analysis.
- Anonymised prescription claims from the IQVIA Longitudinal Prescription (LRx) database.
- Coverage: ~82% of prescriptions reimbursed by Germany's statutory health insurance.
- Prescription-level information: prescription date, ATC code, package size and strength.
- Adults (≥18 years of age) with first acoramidis prescription between 1 April and 30 September 2025 (the index date) were included; no exclusion criteria were applied.
- Subpopulations defined based on pre-treatment history from 1 March 2020 until the index date:
  - **Treatment-naïve:** no tafamidis 61 mg dispensation.
  - **Switchers:** ≥1 tafamidis 61 mg dispensation.
- Information on demographics, clinical characteristics, concomitant medications and prescribers was evaluated. All analyses were exploratory and descriptive.

RESULTS

- Between April and September 2025, 289 individuals initiated acoramidis, their characteristics are shown in **Table 1**.
- The median age of acoramidis users was 82 years and 80% were men; 86% were treatment-naïve, while 14% had switched from tafamidis.
- Initiation of acoramidis occurred predominantly in the hospital outpatient setting (87%), although this was less frequent among switchers than naïve initiators (78% vs 88%, respectively).
- In the 12 months prior to receiving acoramidis, the most commonly prescribed drugs were renin-angiotensin system (RAS) inhibitors (76%), sodium-glucose co-transporter 2 (SGLT2) inhibitors (74%), and beta blockers (71%), (**Table 2**).
- Switchers were less likely than treatment-naïve individuals to receive RAS inhibitors (60% vs 79%, respectively), mineralocorticoid receptor antagonists (30% vs 38%), SGLT2 inhibitors (68% vs 75%) and analgesics (33% vs 42%).
- Loop diuretics were more commonly used among switchers (70% vs 63% in treatment-naïve individuals).

Table 1. Characteristics of real-world acoramidis users in routine care in Germany (N=289)

	All acoramidis initiators (N=289)	Treatment-naïve (n=249)	Switchers (n=40)
Sex , n (%)			
Female	44 (15.2)	42 (16.9)	2 (5.0)
Male	231 (79.9)	194 (77.9)	37 (92.5)
Unknown	14 (4.8)	13 (5.2)	1 (2.5)
Age, years			
Mean (SD)	80.4 (6.5)	80.5 (6.3)	79.8 (7.6)
Median (Q1–Q3)	82 (77–85)	82 (77–85)	80.5 (77–84)
Pre-treatment status, n (%)			
Naïve	249 (86.2)	249 (100)	0
Switch from tafamidis	40 (13.8)	0	40 (100)
Setting of treatment initiation, n (%)			
Office-based	23 (8.0)	17 (6.8)	6 (15.0)
Medical care centre	16 (5.5)	13 (5.2)	3 (7.5)
Hospital outpatient	250 (86.5)	219 (88.0)	31 (77.5)

Q, quartile; SD, standard deviation.

Table 2. Co-medications dispensed during the 12 months prior to initiation (N=289)

n (%)	All acoramidis initiators (N=289)	Treatment-naïve (n=249)	Switchers (n=40)
ACE inhibitor	110 (38.1)	96 (38.6)	14 (35.0)
Angiotensin receptor blocker	95 (32.9)	86 (34.5)	9 (22.5)
ARNI	49 (17.0)	45 (18.1)	4 (10.0)
Any RAS inhibitor	220 (76.1)	196 (78.7)	24 (60.0)
Mineralocorticoid receptor antagonist	106 (36.7)	94 (37.8)	12 (30.0)
Beta blocker	204 (70.6)	177 (71.1)	27 (67.5)
SGLT2 inhibitor	214 (74.0)	187 (75.1)	27 (67.5)
Loop diuretic	186 (64.4)	158 (63.5)	28 (70.0)
Thiazide diuretic	36 (12.5)	34 (13.7)	2 (5.0)
Antiplatelet drug	54 (18.7)	50 (20.1)	4 (10.0)
Vitamin K antagonist	8 (2.8)	7 (2.8)	1 (2.5)
Direct oral anticoagulant	173 (59.9)	146 (58.6)	27 (67.5)
Calcium channel blocker	72 (24.9)	63 (25.3)	9 (22.5)
Antiarrhythmic drug	20 (6.9)	18 (7.2)	2 (5.0)
Lipid-lowering drug	174 (60.2)	151 (60.6)	23 (57.5)
Glycoside	7 (2.4)	7 (2.8)	0
Analgesic drug	118 (40.8)	105 (42.2)	13 (32.5)
Antineuropathic drug	26 (9.0)	22 (8.8)	4 (10.0)

ACE, angiotensin converting enzyme; ARNI, angiotensin receptor-reprilysin inhibitor; RAS, renin-angiotensin system; SGLT2, sodium-glucose co-transporter 2

- Co-medication 3 months before and after initiation of acoramidis therapy remained largely stable; usage of SGLT2 inhibitor increased slightly (61–69%; **Table 3**).

Table 3. Co-medications before and after acoramidis initiation (n=151)

Co-medication, n (%)	3 months prior to acoramidis initiation (n=151)	3 months after acoramidis initiation (n=151)
ACE inhibitor	38 (25.2)	35 (23.2)
Angiotensin receptor blocker	34 (22.5)	33 (21.9)
ARNI	19 (12.6)	13 (8.6)
Any RAS inhibitor	85 (56.3)	78 (51.7)
Mineralocorticoid receptor antagonist	44 (29.1)	43 (28.5)
Beta blocker	76 (50.3)	74 (49.0)
SGLT2 inhibitor	92 (60.9)	104 (68.9)
Loop diuretic	80 (53.0)	83 (55.0)
Thiazide diuretic	9 (6.0)	12 (7.9)
Antiplatelet drug	13 (8.6)	16 (10.6)
Vitamin K antagonist	3 (2.0)	1 (0.7)
Direct oral anticoagulant	71 (47.0)	76 (50.3)
Calcium channel blocker	23 (15.2)	23 (15.2)
Antiarrhythmic drug	4 (2.6)	5 (3.3)
Lipid-lowering therapy	72 (47.4)	77 (51.0)
Glycoside	1 (0.7)	1 (0.7)
Analgesic drug	35 (23.2)	35 (23.2)
Antineuropathic drug	9 (6.0)	13 (8.6)

Data reported in a subpopulation of individuals with observability during the 3 months before and after acoramidis initiation.
ACE, angiotensin converting enzyme; ARNI, angiotensin receptor-reprilysin inhibitor; RAS, renin-angiotensin system; SGLT2, sodium-glucose co-transporter 2

CONCLUSIONS

- This German real-world observational study provides valuable insight into the key characteristics of patients initiating acoramidis early after its launch in Germany.
- The study population was predominantly male, although the number of female patients indicates increasing awareness and diagnosis of ATTR-CM in women.
- Acoramidis was mainly utilised in treatment-naive individuals, and less frequently as a switch after tafamidis. Co-medication for the management of heart failure and cardiac comorbidities was well established.
- Ongoing analysis of large databases will provide further insights into the real-world implementation, adherence, effectiveness and safety of acoramidis.

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