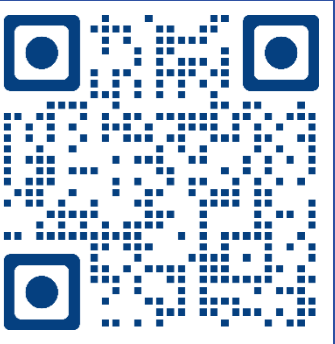


# Optimizing Access to Acoramidis in the United States: The Role of Patient Access Liaisons (PALs) in Transthyretin Amyloid Cardiomyopathy



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## INTRODUCTION

- Transthyretin amyloid cardiomyopathy (ATTR-CM) is a progressive disease characterized by misfolded proteins that form toxic amyloid fibrils in the heart causing cardiomyopathy<sup>1</sup>
  - Delays in diagnosis are common, averaging up to 6.1 years, leading to more advanced disease at diagnosis, decreased efficacy of disease-modifying therapies, and reduced survival<sup>1-3</sup>
  - Further, treatment initiation is often delayed; in a United States (US) survey conducted before the availability of newer ATTR-CM therapies, as many as one-third of patients had never received disease-specific treatment<sup>4</sup>
- Insurance and financial barriers can also delay or prevent patients from accessing, initiating, and maintaining specialty medications<sup>4-5</sup>
  - Up to one-third of patients have reported delays in obtaining cardiology medications due to delays, denials, and costs associated with insurance claims<sup>5</sup>
  - Coverage determinations are not always consistent with regulatory approval; for some drug classes, payer criteria align with US Food and Drug Administration (FDA) labeling in only 15% of cases, with 69% applying more restrictive criteria<sup>5</sup>
- To address these barriers, patient access liaisons (PALs) provide education and logistical support to facilitate timely initiation of treatment and continuity of prescribed therapies
- For patients with ATTR-CM who are prescribed acoramidis, the impact of PAL engagement on treatment access has not been evaluated

## OBJECTIVE

- To assess and characterize patterns of PAL engagements and the associated effects on supporting treatment access among patients who were prescribed acoramidis

## METHODS

- We conducted a retrospective analysis of patients in the US with ATTR-CM who were prescribed acoramidis between December 2024 and October 2025
- Patients with ≥1 confirmed PAL engagement, defined as a Welcome Call completed via telephone, virtual, or in-person meeting, were included in this analysis
- Satisfaction survey to patient and care partners (defined as patient's legal guardian or someone the patient permits the PAL to engage with in support of the patient's care):
  - PALs inquired about sending an optional survey for patients and care partners via email at the conclusion of the Welcome Call, a practice instituted in January 2026
- Outcomes included patient demographic and survey data, PAL engagement rates, average number and type of interactions (overall and by region), paid start rates (defined as covered insurance claim for first-time treatment), and refill rate (defined as first fill after a paid start as assessed in the specialty pharmacy channel)
- All results were reported descriptively

## CONCLUSIONS

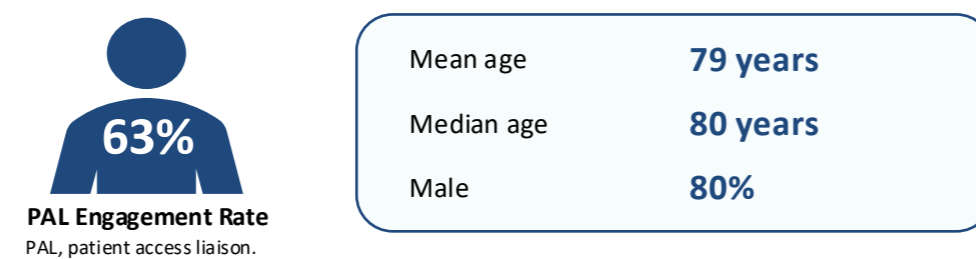
- PAL engagement was associated with successful and timely access to treatment with high satisfaction in an ATTR-CM patient population that often faces well-documented coverage and financial barriers
- These findings support the value of a structured, multi-touchpoint patient access program in reducing specialty medication barriers across complex reimbursement environments

## RESULTS

### PAL Engagement and Patient Characteristics

- Among patients prescribed acoramidis in the US after FDA approval, 63% engaged with PALs (Figure 1)
- Patients who engaged with PALs were predominantly male (80%), had a mean (SD) age of 79 years (9.3), and a median (IQR) age of 80 years (11) (Figure 1)

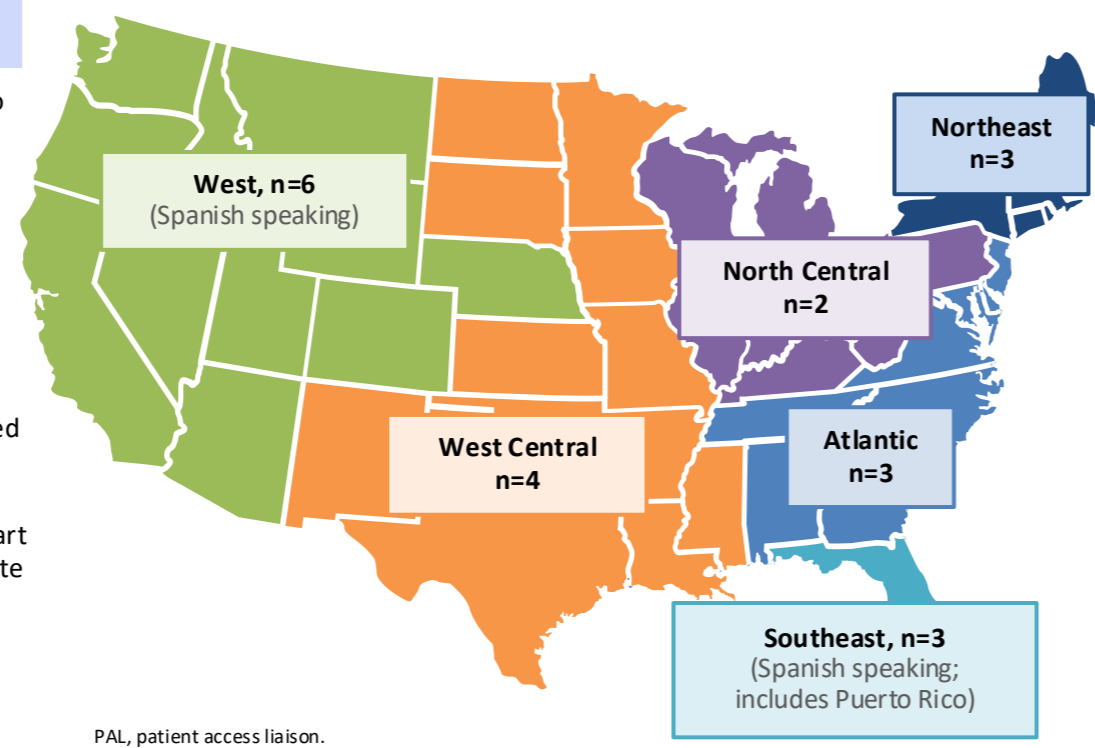
Figure 1. PAL Engagement and Patient Characteristics



### PAL Interaction Patterns

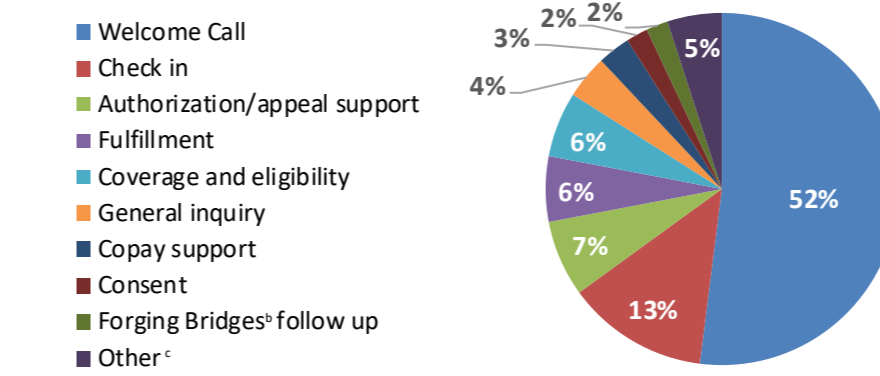
- Engaged patients had an average of 4 PAL interactions during the study period, though average number of interactions per patient varied by region (Figure 2)
  - Mean PAL interactions per patient were highest in the West (n=6), followed by the West Central (n=4), Southeast (n=3), Northeast (n=3), Atlantic (n=3), and North Central (n=2) regions

Figure 2. Mean PAL Interactions Per Patient by Region



- Welcome Calls accounted for 52% of all PAL interactions (Figure 3)
  - Additional touchpoints included medical check-ins (13%), prior authorization or appeal support (7%), and fulfillment assistance (6%)

Figure 3. PAL Interaction Types<sup>a</sup>



### Treatment Access Outcomes

- Patients who received a Welcome Call had an overall paid start rate of 76% (Figure 4)
- Repeated PAL interactions were associated with progressive improvements in therapy initiation, with paid start rates increasing to 74% by the third interaction (Figure 4)

Figure 4. Paid Start Rate by Number of PAL Interactions

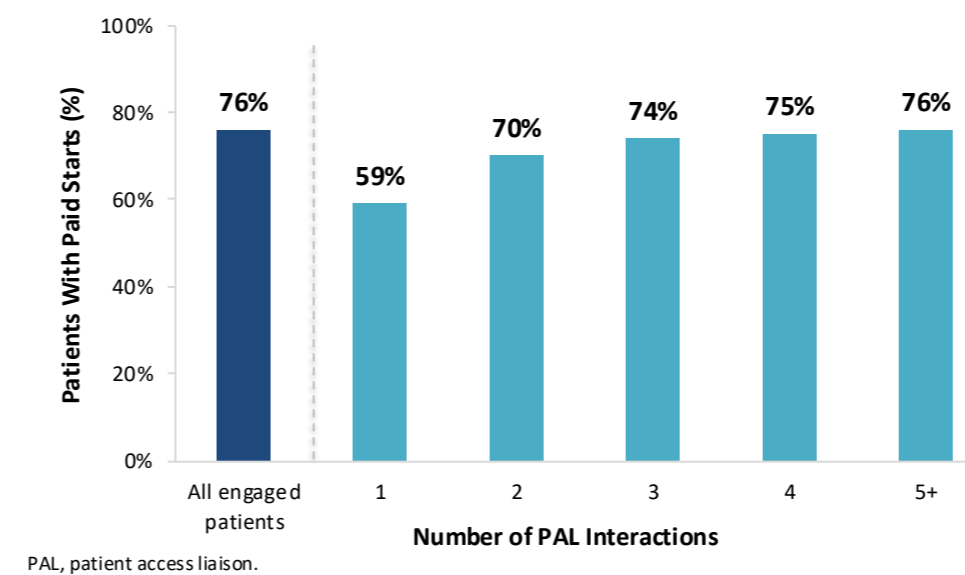
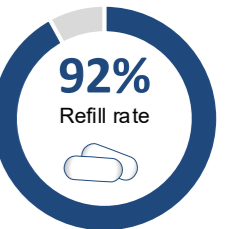


Figure 5. Refill Rate

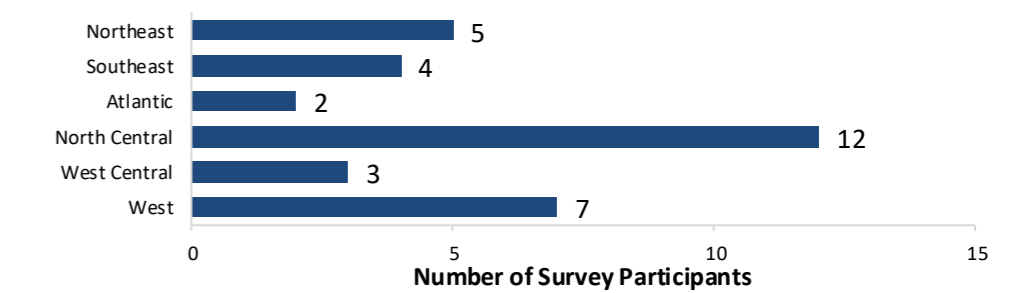
- The refill rate among PAL-engaged patients who were evaluable for refill after paid start was 92% (Figure 5)



### Patient and Care Partner Satisfaction With the PAL Program

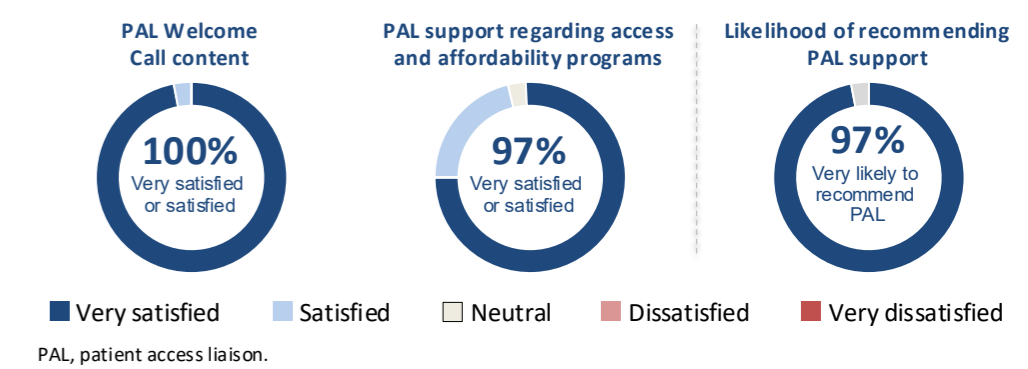
- A total of 30 patients and 3 care partners across regions completed surveys regarding satisfaction with the PAL program (Figure 6)

Figure 6. Survey Participants by Region



- Most survey participants were very satisfied with the content discussed during their Welcome Call with their PAL and with the support from their PAL regarding access and affordability programs (Figure 7)
- A total of 97% (32/33) of survey participants were very likely to recommend PAL support (Figure 7)

Figure 7. Patient and Care Partner Satisfaction With the PAL Program



### Limitations

- This was an observational, descriptive study; results should be interpreted in the context of study design
- Findings reflect a single manufacturer-sponsored PAL program and may not be generalizable to other patient-support models or access environments

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