SHIELDS HEALTH SOLUTIONS

Pharmacist Interventions in a Cardiac Amyloidosis Patient Management Program

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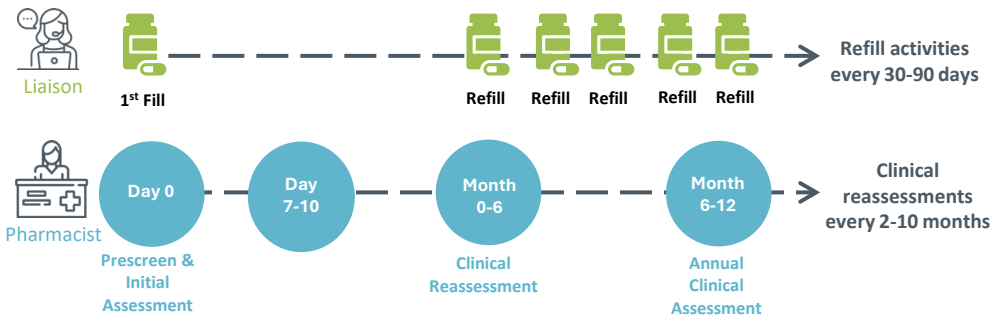
BACKGROUND

Transthyretin amyloid cardiomyopathy (ATTR-CM) is a progressive condition caused by abnormal protein deposits (amyloid) in the heart tissue, leading to restrictive cardiomyopathy. Patients often face challenges with therapy compliance, symptom management, and coordination of care. Health System Specialty Pharmacies (HSSPs) are in a unique position to provide comprehensive follow up and patient care for patients in conjunction with their specialty providers. Pharmacist-driven touchpoints for patients with ATTR-CM can identify issues early, improve adherence and accelerate care coordination. The objective was to evaluate pharmacist impact within an ATTR-CM specialty program by characterizing documented interventions and associated outcomes.

Figure 1: ATTR-CM Specialty Pharmacist Workflow



METHODS

Study Design: Single-center, retrospective, observational evaluation of patients filling a specialty medication for ATTR-CM between November 2025 and April 2026

Inclusion Criteria: Adults (≥ 18 years) diagnosed with ATTR-CM and enrolled in the HSSP care model and patient management program

Primary Outcomes: Total interventions completed by pharmacists and rate of interventions facilitating refill coordination

Secondary Outcomes: Medication adherence as measured by PDC, adherence counseling intervention rates, rate of symptom escalations with associated outcomes, and provider acceptance rate of symptom escalation interventions

RESULTS

Within the study period, there were a total of 68 interventions for 439 unique patients. **Figure 2** shows the rate of interventions per category**,** with the most common categories being refill coordination and adherence counseling. The mean PDC was 98%. **Figure 3** displays outcomes for interventions escalated to clinic provider for patient-reported worsening symptoms, demonstrating a high provider acceptance rate.

Figure 2: Total Interventions, by Type (n=68)

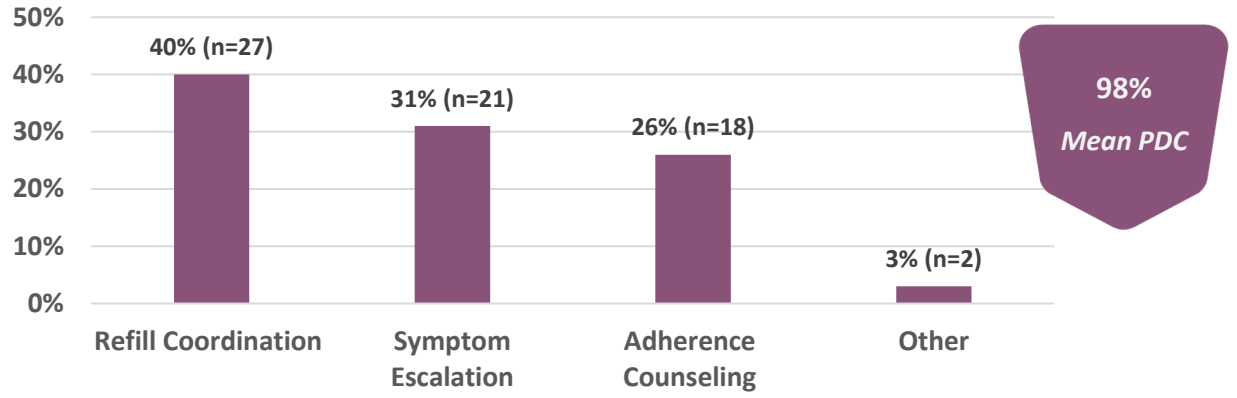
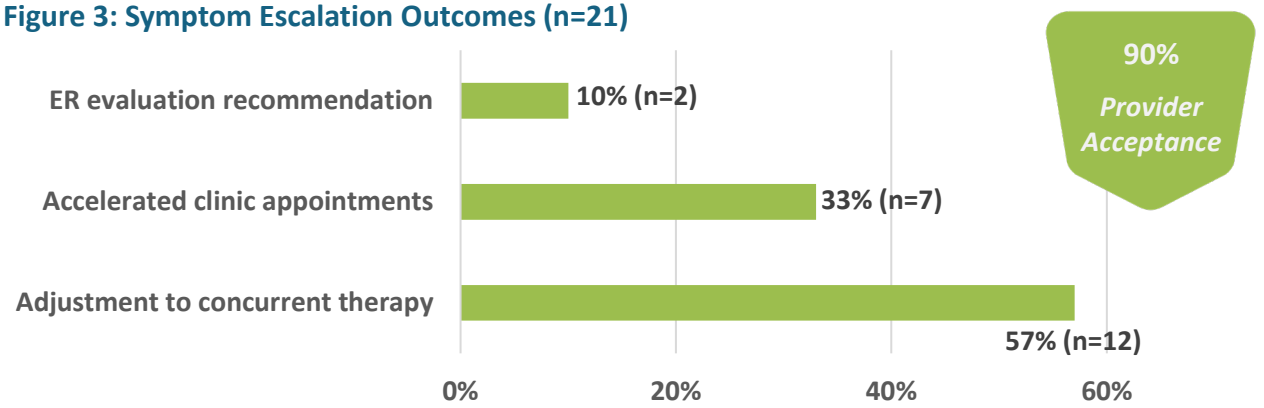


Figure 3: Symptom Escalation Outcomes (n=21)



CONCLUSIONS

A pharmacist led ATTR-CM patient management program demonstrated meaningful impact on medication access, adherence, and care coordination. Interventions frequently supported refill continuity and were associated with high adherence. Pharmacist identified symptom escalations facilitated timely clinical responses and supportive therapy optimization. A high provider acceptance rate highlights the value of HSSP care model in ATTR-CM management.