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WHO? Characterizing Vericiguat Use in a Real-World HFrEF Patient Population

Announcer:
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Dr. Fudim:
Hi, my name is Marat Fudim. I'm a Heart Failure Cardiologist at Duke University in North Carolina. And I was asked to review the recently presented signs at ACC 2023 in New Orleans. The title of the presentation is: WHO? Characterizing Vericiguat Use in a Real-World HFrEF Patient Population. HFrEF stands for heart failure with reduced ejection fraction. And this was presented by Alejandro Victores and colleagues.

So to the background, the drug, vericiguat, was approved 2021. It's also going on to name, Verquvo, in the United States. And it's a drug for heart failure with reduced ejection fraction. And it's specifically targeting a population that has already been treated with guideline-directed medical therapy to the degree possible the Four-Pillar therapy, and then also has a propensity to worsening heart failure events. So those are patients that are clearly not stable, had a recent decompensation event, have elevated biomarkers, and signs of congestion. So these are the patients that are currently indicated for the treatment of vericiguat.

And in this case, the investigators wanted to study what was the uptake of the drug in the U.S. population following the approval of the drug back in 2021. So what they've done is they actually got access to the so-called TriNetX database. It's an open claims database that uses data from the electronic medical record and from the drug prescriptions across the country. And here, they tested patients over a 1.5-year period, and provided summary statistics of the uptake of the drug. And what they have done is they've shown here now the patients who received the drug, and looked at what doses patients received the drug. And I'm just going to review the key findings from this baseline characteristics table.

So first of all, the average patient was 67 years old. Of course, those patients had, by definition, to have heart failure with reduced ejection fraction, they were predominantly male, they were started in, about 50% of cases, this is interesting, at a dose of 2.5 milligrams. As a reminder, you start at 2.5, go to 5, and then you go to 10. So here, only 50% or around 52, were started at a low dose, where you're really supposed to start, and then titrate it up thereafter. Only 67% reached the maximum dose of 10. Because you're supposed to titrate up, that's how it was studied in a clinical study called VICTORIA. So then the average time from initiation of the drug from the approval of the drug was around 1 year.

Interestingly, a majority of patients were on some form of other GDMT, but very few were on all GDMT agents and at the highest possible doses. And I think that's a common theme we see in this population, and it doesn't speak necessarily that the providers didn't try to put the patients on the drug, but they probably failed or had some contraindications to those drugs, that then led them to try this fifth pillar, which is now vericiguat.

So in conclusion, only a third of patients reached the target dose of vericiguat by the end of the study period. And further, we probably need more research to understand who are the patients that are actually getting initiated on a drug? We know who is indicated, the guidelines say that, but who's actually getting the drugs? Who's getting the drug at what doses? And what is preventing us from getting the drug to the maximum-tolerated dose here the 10 milligrams.

So I hope you learned a little bit from this research presented ACC 2023. Thank you for your attention.

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