Racial Disparities and the Impact of Access Restrictions to Apixaban in Part D

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Background

The implementation of maximum fair prices may increase net Part D costs and lead to formulary restrictions on anticoagulants selected for price negotiation. As a result, patients and providers may switch to alternative agents with broader formulary coverage and lower out-of-pocket (OOP) costs, which can potentially result in increased rates of therapy abandonment and non-medical switching.

Objective

Utilization management and formulary restrictions may lead to therapy abandonment and nonmedical switching, although their potential impact on beneficiaries of different races and ethnicities is not well understood.

This analysis quantifies treatment rates with apixaban among Part D beneficiaries by formulary access and race and ethnicity.

Methods

- A retrospective study of Part D patients treated with apixaban in 2024 using CMS Medicare Part D 100% research identifiable files (RIFs), which contain paid claims generated by all Part D beneficiaries in the U.S.

Patient Identification

- Patients were included in the study if they had 1+ scripts for apixaban in 2024, agnostic of indication
- Patients who qualified for Part D low-income subsidies or were enrolled in employer group waiver plans were excluded, due to their limited out-of-pocket exposure
- Patients were stratified by formulary access to apixaban, as indicated in their Part D plan formulary:
  1) preferred tier (Tier 3)
  2) non-preferred tier (Tier 4) placement without step edits
  3) Tier 3 placement with step edits (SEs)
- Patients were further segmented by race and ethnicity based on the Research Triangle Institute (RTI) Race Code variable in the 100% RIFs

Analysis

- We examined the impact of formulary tier placement (Tier 3 vs Tier 4) and SEs (vs no SEs) on apixaban use with two metrics:
  - Treatment rates, defined as patients observed having at least one apixaban script over a 1-year period (patients on apixaban) per 1,000 total Part D beneficiaries
  - Treatment adherence, measured as 30-day equivalent scripts of apixaban per patient per year
- Results were summarized by race and ethnicity

Figure 1: Number of patients treated per 1,000 beneficiaries, by race and ethnicity

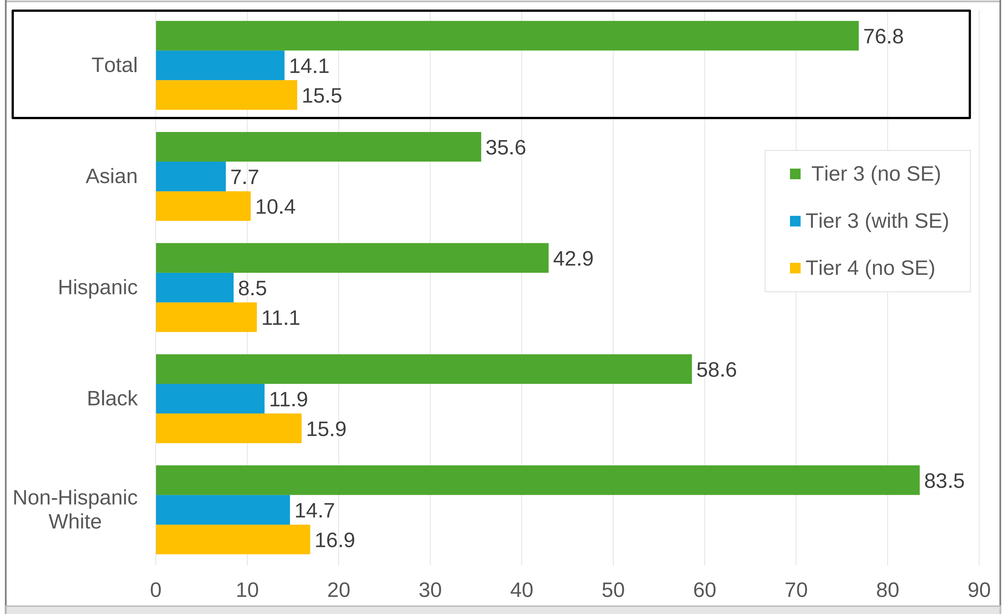
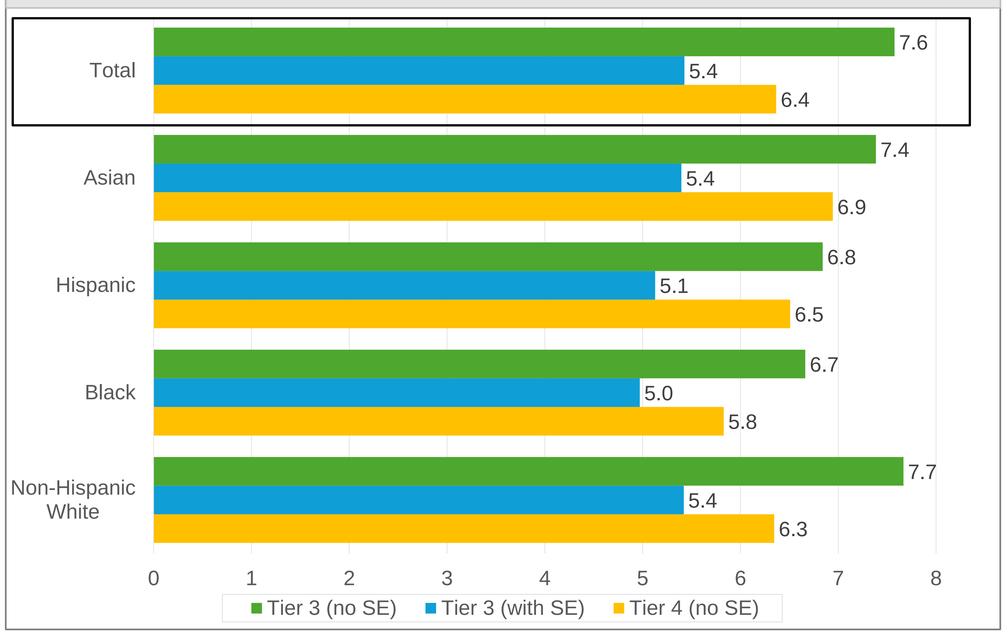


Figure 2: Annualized 30-day scripts per patient, by race and ethnicity



SE= Step edit, OOP = Out of pocket

Results

- Non-Hispanic White Part D beneficiaries had higher treatment rates with apixaban than Black, Hispanic, and Asian beneficiaries across all formulary access levels. (**Figure 1)**
- Over 95% of Part D beneficiaries had Tier 3 formulary access to apixaban, and over 98% were not subject to SEs. Relative to Tier 3 without SEs:
  - When placed in Tier 4, we observed 80% fewer (76.8 in Tier 3 vs 15.5 in Tier 4) patients per 1,000 on apixaban and 1.2 fewer (7.6 vs 6.4) annual 30-day scripts per patient. **(Figures 1 and 2, respectively)**
  - When subject to SEs, we observed 82% fewer (76.8 without SEs vs 14.1 with SEs) patients per 1,000 on apixaban and 2.2 fewer (7.6 to 5.4) annual 30-day scripts per patient. **(Figures 1 and 2, respectively)**
  - Patients with Tier 4 coverage of apixaban and those subject to SEs had increased OOP costs (by $52 and $155, respectively, per 30-day script).
- Non-Hispanic White beneficiaries had the greatest observed differences is apixaban use between Tier 3 and Tier 4, and between no SEs and SEs formulary access.

CONCLUSION

- **Lower treatment and adherence rates for apixaban were observed across races and ethnicities when barriers to access via non-preferred tier placement or step edits were in place.**
- **Despite having the highest observed treatment rates across all formulary access levels, non-Hispanic White beneficiaries had the greatest observed differences in apixaban treatment rates when access was restricted, suggesting they have increased rates of patient-led Part D plan selection.**

Limitations

This study was based on a 2024 Medicare Part D database of non-low income, non-employer group patients with different formulary access levels for apixaban. Results for other Part D subpopulations and insurance coverages may vary. Differences in treatment rates between cohorts may be affected by demographics and health status, among other reasons. We did not attempt to control for these patient characteristics. While it is likely that current therapy use influences plan selection by patients, we did not attempt to quantify the impact of this selection. We did not determine anticoagulant indication in this analysis. Additionally, it was not within the scope of this analysis to determine rates of clinically significant events that might occur in patients due to therapy abandonment or non-medical switching.

Disclosures: [PB, GD] are employees of Milliman and received consulting fees from Pfizer to conduct this analysis.

GD is a member of the American Academy of Actuaries and meets its qualification standards.

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