Potential Budget Impact of Finerenone in Patients with Chronic Kidney **Disease and Type 2 Diabetes Being Treated with Standard of Care**

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OBJECTIVE

Finerenone is a nonsteroidal, selective mineralocorticoid receptor antagonist indicated in adult patients with chronic kidney disease (CKD) and type 2 diabetes (T2D).¹

We estimated the 3-year financial impact of adding finerenone to United States health plan formularies, as an add-on to standard of care.

KEY MODEL ASSUMPTIONS & LIMITATIONS

> Hypothetical 1,000,000 member health plan with Commercial or Medicaid lives

- > Payer perspective
- > Time horizon: 3 years

> Standard of care drug costs are assumed similar in both groups and are therefore omitted

> Plan population size is constant

> Uptake was projected to be 1.2%, 4.3%, and 6.6% in eligible patients in years 1, 2, and 3, respectively.²

> Due to the lack of a direct comparator other than standard of care at the time of the development of this model, this model does not account for any effect that finerenone may have on the use and market share of other treatment options, such as SGLT-2 inhibitors.

> Mortality and disease incidence are assumed to be accounted for by disease prevalence estimates

POPULATION

The population was selected based on the patient populations in the **Finerenone CKD Clinic** Trial Programs (FIGAR) and FIDELIO).³⁻⁴

> Commercial and Medicare scenarios w modeled separately

FIGURE 1. PATIENT POPULATION



COSTS & COST-SHARING

Drug costs: A price of \$18.97/tablet was used for finerenone.^{1,11} Standard of care drug costs are omitted.

• Medical costs: Differences in event rates for renal and CV outcomes are included with their associated medical costs and AE/Other health event cost offsets, derived from the finerenone US Cost-Effectiveness Analysis.^{5,12-15}

TABLE 2. MEDICAL COSTS

Medical Costs¹⁵

Finerenone group*: Me Finerenone group*: AE

SoC group: Mean annu

SoC group: AE/Other h

*Treated with finerenone added to

Patient cost-sharing: TABLE 3. COST-SHARING Cost-sharing model

Commercial: copay

Commercial: coinsura

Medicare: coinsurance

TABLE 1. EPIDEMIOLOGY INPUTS					
Total members in plan	1,000,000				
Provalance of T2D5-6	10 5%				

		10.370
cal	Prevalence of CKD in T2D ^{5,7-8}	39%
0	Proportion w/ albuminuria ^{6,9-10}	53%
	Diagnosed CKD ^{6,9-10}	47%
	Treated (SoC) CKD ^{6,10}	83%
ere	Eligible (exclude HFrEF) ^{6,10}	94%

	Cost (per patient)		
ean annual medical cost	\$13,488		
/Other health events	\$728		
al medical cost	\$13,562		
ealth events	\$740		
standard of care			

U		
	Value	% of patients
	\$50	80%
nce	15%	20%
2	5%	100%

RESULTS

Addition of finerenone to the formulary of this hypothetical United States health plan resulted in moderately increased costs over the course of 3 years.

> Minor cost savings due to renal and cardiovascular outcomes averted compared to standard of care alone.

> Medicare population budget impact was higher due to the larger population size and differences in patient cost-sharing.

- > Commercial Incremental Budget Impact (3 year): \$5,927,000
- > Medicare Incremental Budget Impact (3 year): \$6,256,000

FIGURE 3. ONE-WAY SENSITIVITY ANALYSIS (MEDICARE)

\$4,950,000	\$6,256,000	\$7,562	,000				
			SoC – Annual medical cost (per patient)	Commercial	Year 1	Year 2	Year 3
			Finerenone* – Annual medical cost (per patient)	Incremental PMPM - pharmacy	\$0.05	\$0.18	\$0.27
			Finerenone WAC/tablet		40.00	¢ 0. 20	40.00
			Finerenone market uptake – Year 3	Incremental PMPM - medical	\$0.00	Ş0.00	Ş0.00
			Finerenone market uptake – Year 2	Incremental PMPM - total	\$0.05	\$0.18	\$0.27
			SoC – Annual cost of AE/other health events	Medicare	Year 1	Year 2	Year 3
			Finerenone* – Annual cost of AE/other health events		ĆO OF	¢0.10	¢0.20
			Finerenone market uptake – Year 1	Incremental PMPM - pharmacy	ŞU.U5	\$0.19	ŞU.29
			Medicare – Patient monthly coinsurance	Incremental PMPM - medical	\$0.00	\$0.00	\$0.00
			Commercial – Patient monthly copay	Incremental PMPM - total	\$0.05	\$0.19	\$0.28
		∎Low ∎High	Commercial – Patient monthly coinsurance	PMPM: per-member-per-month			
			Medicare – Patient monthly copay				

*Treated with finerenone added to standard of care OWSA results for the Commercial scenario were consistent

CONCLUSIONS

> Adding finerenone to the formulary of a hypothetical 1,000,000 member US health plan as an add-on to standard of care resulted in an expected budget impact of approximately \$5,927,000 in a Commercial population and \$6,256,000 in a Medicare population over a 3-year time horizon.

- > Incremental budget impact was primarily attributable to finerenone costs, with minor cost offsets due to medical care savings.
- > Incremental per-member-per-month costs would be expected to increase year-over-year due to increased uptake.
- > Medical cost impacts and market uptake are key drivers of the model results as identified by the one-way sensitivity analysis.

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FIGURE 2. INCREMENTAL BUDGET IMPACT



TABLE 4. INCREMENTAL PMPM IMPACT