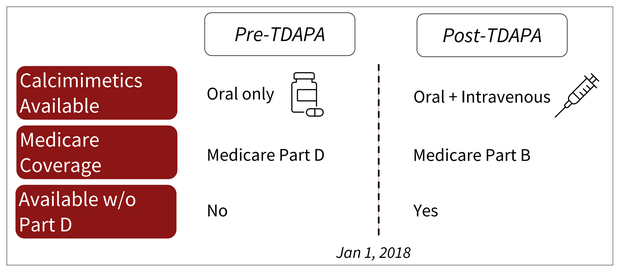
CALCIMIMETIC PRESCRIPTIONS FOLLOWING THE TRANSITIONAL DRUG ADD-ON PAYMENT ADJUSTMENT IN FEE-FOR-SERVICE MEDICARE BENEFICIARIES RECEIVING DIALYSIS

Jillian S. Caldwell, DO[1], Xingxing S. Cheng, MD, MS[1], Eran Bendavid, MD, MS[2], Glenn M. Chertow, MD, MPH[1, 2], Eugene Lin MD, MS[3]

[1] Stanford University School of Medicine, Division of Nephrology, Palo Alto, CA , [2] Stanford University School of Medicine, Department of Health Policy, Palo Alto, CA, [3] University of Southern California, Keck School of Medicine, Division of Nephrology; Price School of Public Policy, Los Angeles, CA

Background

- Secondary hyperparathyroidism (sHPT) is a disorder of bone & mineral metabolism common in patients with end-stage kidney disease (ESKD). sHPT is associated with mortality, cardiovascular events, fractures, and parathyroidectomy.
- Calcimimetics are an FDA-approved class of medications recommended by KDIGO guidelines to treat sHPT.
- Before 2018, over 20% of Medicare beneficiaries lacked access to calcimimetics because they lacked Part D (prescription drug) coverage.
- A 2018 policy known as the Transitional Drug Add-On Payment Adjustment (TDAPA) transitioned coverage for calcimimetics in patients with fee-for-service (FFS) Medicare from Part D to Part B.



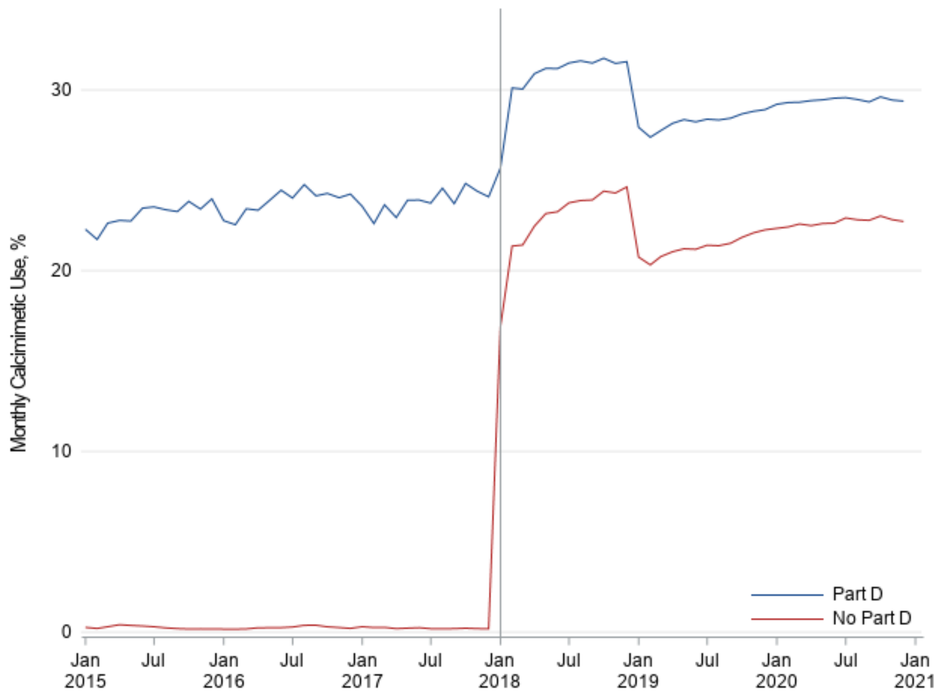
Methods

- Data source: United States Renal Data System (USRDS), fee-for-service (FFS) Medicare claims
- Study period: 2015-2020
- Study population: adult dialysis patients with at least 12 months of continuous Medicare Part A & B coverage
- Exposure: monthly Part D coverage status
- Outcome: % of patients with monthly calcimimetic prescriptions
- Analysis: differences-in-differences (DiD), two-way fixed effects linear regression model with patient- and month-level fixed effects

Results

	No Part D N=3,190,652 patient-months		Part D N=14,430,408 patient-months	
	Pre-TDAPA	Post-TDAPA	Pre-TDAPA	Post-TDAPA
Sex (% Male)	65%	66%	54%	55%
Race (%)				
- White	57%	57%	53%	55%
- Black	35%	35%	40%	38%
- Asian	4%	4%	4%	4%
- Other	4%	4%	3%	3%
Ethnicity (% Hispanic)	9%	9%	16%	16%
Age (%)				
- <45	10%	10%	13%	12%
- 45-64	35%	35%	42%	40%
- 65-74	29%	29%	26%	27%
- >75	26%	25%	20%	20%
Dialysis Modality (%)				
- In-Center HD	87%	86%	91%	90%
- Home HD	3%	3%	2%	2%
- PD	10%	11%	8%	8%
Dialysis Facility Location (% Rural)	15%	15%	18%	18%

HD: hemodialysis, PD: peritoneal dialysis



Calcimimetic Use Pre- vs. Post-TDAPA

Results

- We analyzed 17,719,351 patient-months from 611,777 unique patients.
- 14,430,408 (82%) of patient-months had Part D coverage.
- Patients with Part D coverage were more likely to be female, Black, Hispanic, younger, and on in-center hemodialysis (HD).
- The DiD model demonstrated a 16.2 [16.1-16.3] percentage-point increase in calcimimetic prescriptions attributable to TDAPA in patients affected by the policy.

Conclusions & Next Steps

- TDAPA increased prescriptions for calcimimetic agents in patients without Medicare Part D coverage.
- These patients were previously under-insured with respect to calcimimetic access.
- This finding illustrates the potential for Medicare reimbursement policy to expand access to medications and reduce healthcare disparities for patients receiving maintenance dialysis.
- Further analyses will evaluate whether the increase in calcimimetic use translates to reductions in mortality, fractures, or parathyroidectomy.

Acknowledgements

Funding made possible by the American Kidney Fund Clinical Scientist in Nephrology Fellow Program.

jc3@stanford.edu @StanfordNeph