

Prescription and Reimbursement Patterns of Apixaban Post Launch: Inquiry into US Closed Claims Data for Association with Disease Severity

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Acceptance Code: EE582
Abstract ID: 132459

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OBJECTIVES

- Construct a surrogate variable of AF/flutter disease severity based on US closed claims.
- Analyze the evolution of this surrogate in a cohort of patients initiated on Eliquis (apixaban) over a 7-year period following its marketing authorization.

METHODS

- Cohort selection:
All distinct members from the state of Oregon with medical and pharmacy claims processed by NTT DATA from 2013 to 2020 with an ICD code of I48.x.
Data set included all the claims for all the 2,513,104 distinct Medicare patients in Oregon over the time period 2013 – 2022. These claims had been loaded/processed by NTT DATA and were accessed in NTT DATA's Health Data Bank.
All cohort members initiated on Eliquis had a minimum of 10 Eliquis pharmacy claims including the first prescription.
- Surrogate variable for AF/flutter disease severity:
Constructed by adding all claims (medical and pharmacy) associated with an ICD code of I48.x during the 100-day period preceding the first Eliquis prescription.
- Examination of AF/flutter disease severity trend from 2013 to 2020.

CONCLUSION

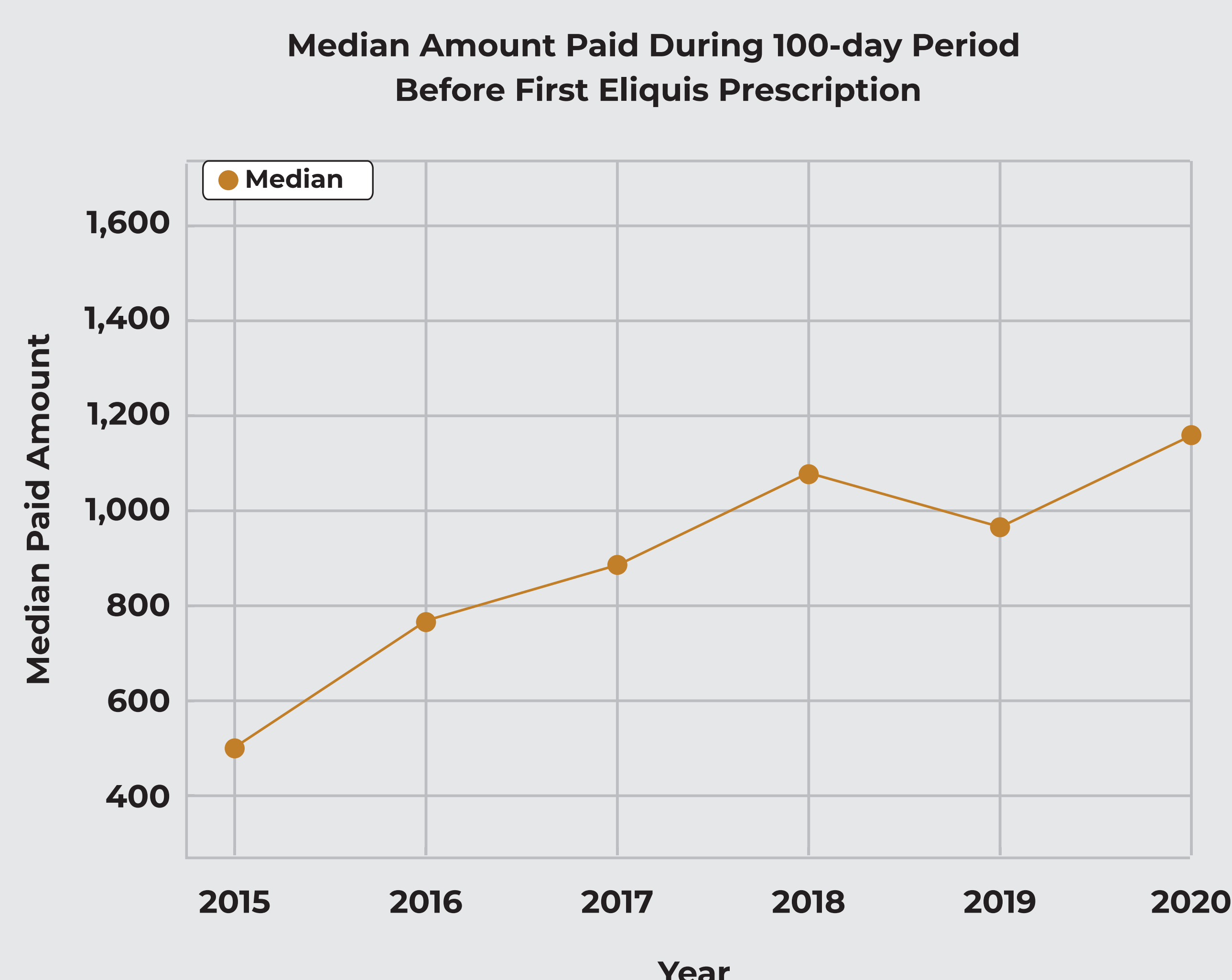
- These findings indicate an upward trend post-launch in the proportion of severe patients initiated on Eliquis for AF/flutter.
- Potential factors behind this trend include progressively more confident prescribers or less restrictive formularies or both.
- Regardless of the exact reasons behind this trend, it strongly suggests that the medical composition of patients' cohorts providing real world evidence significantly changes in the years following the introduction of a new treatment.

LIMITATIONS

- Exclusive focus on Eliquis.
- Proxy for disease severity based on claims amount, not physiological measures.
- Study is based on analysis of closed claims and does not capture all factors (such as evolution of formularies) that could have influenced prescription and reimbursement patterns.

RESULTS

- 2015 was the year of the first prescription of Eliquis for any member of the cohort.
- 7,773 members met the cohort criteria (Medicare: 6,093 (78.4%), Medicaid: 863 (11.1%), Commercial: 817 (10.5%)
- The 100-day (pre-treatment) median amount paid increased from \$499 (IQR: 146 – 4,715) to \$1,160 (IQR: 191 – 10,454) between 2015 and 2020. (Mann-Kendall trend test: Tau: 0.87, p-value: 0.012)



- This increase reflected a larger number of claims rather than an increase in the paid amount by claim.

