The Effect of the Coverage Gap on Medication Adherence for Oral Anticoagulants in Medicare Part D Enrollees Diagnosed with Atrial Fibrillation

Alin Kalayjian, MBA, PharmD Candidate[1], Christie Van Dyke, PharmD, BCPS[2], Travis Macfarlane, PharmD[2], Tom Heard, PharmD, BCGP[3], Kevin Lynch, PharmD, BCPS, MBA, MS[3]

[1]University of Washington School of Pharmacy, [2]Priority Health, [3]Pfizer, Inc. Pfizer contributed to this study in the form of data analysis.

BACKGROUND

- Approximately 50% of patients diagnosed with atrial fibrillation are prescribed oral anticoagulants[1].
- AF is the most common cardiac arrhythmia: 1-2% of general population[2].
- Medicare Part D coverage gap is associated with a 2-fold increased rate of drug discontinuation and adherence gaps among the enrollees[3].
- There is a lack of study exploring coverage gap's effect on oral anticoagulants discontinuation rate within AF patients.

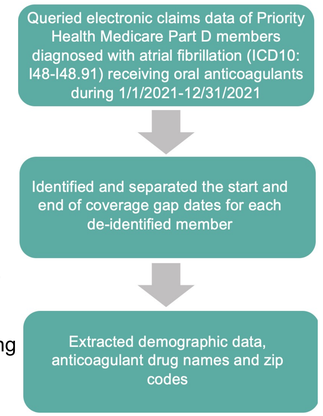
OBJECTIVE

- This real-world data retrospective claim analysis will aim to understand the adherence rate of oral anticoagulants (OAC) members prior to, and after the coverage gap period.
- Enrollees' ZIP codes will be evaluated to determine the social determinants of health (SDOH).

METHODS

- This was a retrospective claims analysis among Medicare Part D plan members > 18 years of age with atrial fibrillation from 1/1/2021-12/31/2021 with OAC claims.
- We calculated Proportion of Days Covered (PDC) for the entire year, initial coverage phase, coverage gap and catastrophic phase.
- De-identified member zip codes were used in calculating area of deprivation index by using SDOH Atlas database.

Figure 1: Study Design



- We summarized continuous variables as means and categorical variables as percentages.

RESULTS

Table 1: Baseline Member Demographics

Characteristics	DOAC n = 7397	VitKA n = 58	Total n = 7455
Age, years (mean, SD)	77.9 (8.0)	77.1 (8.1)	77.9 (8.0)
Range			
< 65	60.1 (5.2)	62.8 (0.96)	60.1 (5.2)
65 – 74	70.4 (2.5)	69.8 (2.6)	71.0 (2.5)
≥ 75	82.5 (5.5)	82.0 (5.4)	82.5 (5.5)
Sex, n (%)			
Male	3879 (52.4)	20 (34.5)	3917 (52.5)
Female	3518 (47.6)	38 (65.5)	3538 (47.5)

Figure 2: Number and percentage of members taking each oral anticoagulant medications from each drug class

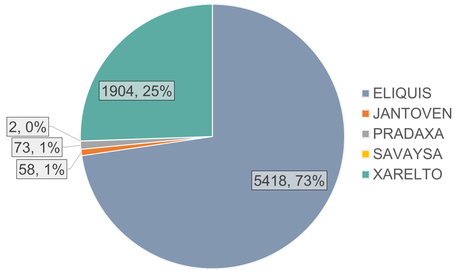


Figure 3: Number and percentage of members in each Area of Deprivation Index ranging spanning from 1-10 where 1 is most advantaged and 10 is most disadvantaged

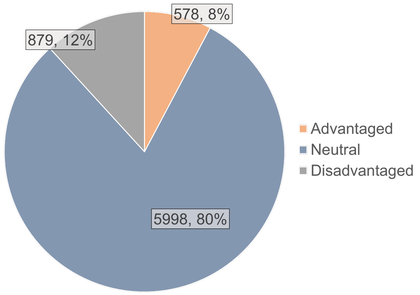


Figure 4: Average PDC values of DOACs and VitK A classes during each coverage phase

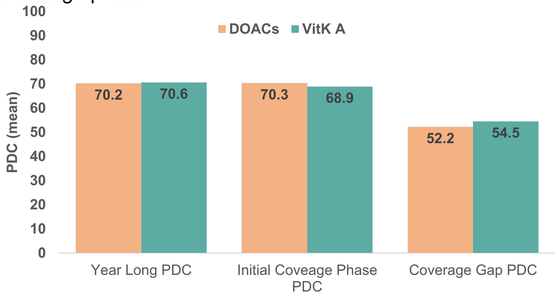


Figure 5: Average PDC values of each medication during each coverage phase

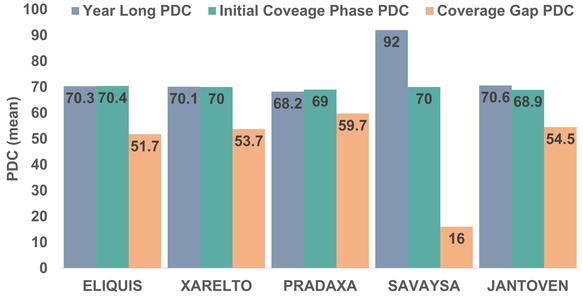
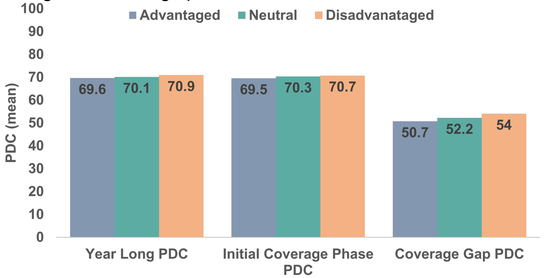


Figure 6: Average PDC values for each area of deprivation index during each coverage phase



- Majority of the members have neutral socioeconomic status and are prescribed ELIQUIS.
- Coverage gap PDC dropped by approximately 15% both in DOACs and VitK A groups.
- Across all phases of MA-D coverage, coverage gap had the lowest PDC across all medications and socioeconomic status indicating the lowest adherence phase.

LIMITATIONS

- We used a convenience sample of members identified by validated ICD codes. If they were not properly assigned by clinicians, then some could have been missed resulting in selection bias.
- Since overlap in 2020 was not accounted for in this study, we were not able to account for some members who may have carried over supply from the previous year.
- Discontinued medications, provider and manufacturer samples were not able to be assessed because they are not recordable in pharmacy claims data.
- Impact of limited income subsidy data was not examined as it could limit part of the extrapolation towards SDOH.
- COVID-19 impact on claims data throughout 2021 is unknown.

CONCLUSION

- Coverage gap payment burden is decreasing the adherence of atrial fibrillation members prescribed anticoagulants.
- Prospective studies should implement data standardizations to assess persistence in addition to adherence.
- Regulatory bodies are working on decreasing the patient burden of coverage gap through the recently signed Inflation Reduction Act.

REFERENCES

1. Hernandez I et al, *Journal of the American Heart Association*, 2019;8e011427
2. Pellman J et al, *Compr Physiol*, 2015; 5(2): 649 – 665
3. Polinski J.M. et al, *J. Am. Geriatr Soc.*, 2012; 60(8): 1408 – 1417

•Poster Presented at Academy of Managed Care Pharmacy Nexus 2022
•October 11 – October 14, 2022