A RETROSPECTIVE OBSERVATIONAL ANALYSIS OF TAFAMIDIS ADHERENCE AND ITS INFLUENCE ON MEDICAL COSTS IN MEDICARE ADVANTAGE ENROLLEES DIAGNOSED WITH ATTR-CM

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Background

- Transthyretin amyloid cardiomyopathy (ATTR-CM) is a life-threatening and often underdiagnosed disease that can lead to heart failure.
- Along with the disease burden, this condition frequently poses a significant economic burden for patients with a confirmed diagnosis for ATTR-CM.
- Tafamidis is the first FDA-approved treatment for wild-type and familial ATTR-CM.
- Previous studies indicate generally high adherence to tafamidis which often results in expensive prescription costs.
- The primary endpoint of this study is to understand the relationship between tafamidis adherence and total healthcare costs among Medicare Advantage Prescription Drug (MAPD) enrollees.

Objective

To evaluate real-world adherence, at different therapy durations, and cost patterns of patients with ATTR-CM for MAPD enrollees using tafamidis.

Methods

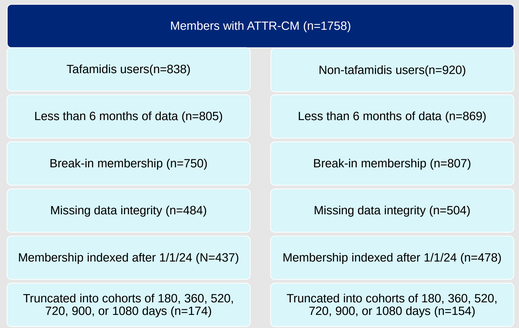
Study Design:

- A retrospective analysis was conducted using United Healthcare MAPD medical and pharmacy claims from 1/1/2021 – 7/1/2024.
- All medications and related healthcare costs were retrieved for each member.
- The Medication Possession Ration (MPR) calculation was used to evaluate, for each member, adherence to tafamidis.
- All members were divided into non-users, non-adherent users (MPR <80%), and adherent users (MPR ≥80%).
- Members were assessed in the following cohorts of therapy durations in 180-day cohorts from 6 months to 3 years of therapy.

Inclusion Criteria:

- MAPD members with documentation of ATTR-CM diagnosis and/or claims for tafamidis
- Pharmacy claims between 1/1/2021 – 7/1/2024
- Active insurance membership during the study period

Figure 1. Study Population and Exclusion Criteria



Results

- A total of 328 Medicare members met inclusion criteria of which 174 (53%) of members had prescription claims for tafamidis (Figure 1).
- Tafamidis users had a mean MPR of 94.2% and 90.8% of the members had an MPR ratio greater than 80% (Figure 2).
- Average per member per month (PMPM) medical costs were lower for adherent members ($1,279) compared to non-adherent members ($3,878) and non-users ($1,671) (Table 1).
- Average monthly cost for tafamidis was $22,061 for adherent and non-adherent members.
- Observed increase in non-tafamidis pharmacy costs across 180, 360, 540, 720 day cohorts for adherent members compared to non-users or non-adherent members (Figure 3).
- Some tafamidis-users received agents for ATTR-peripheral neuropathy (ATTR-PN) and other related comorbidities: Amvuttra™ (22%), Wainua™ (5%), Onpattro™ (5%), and Tegsedi™ (2%).

Figure 2. Member Cohort Composition

Members by MPR adherence level	
High Adherent (>80%)	157
Moderate Adherent (> 40% and <80%)	11
Low Adherent (<40%)	6
Non-Users	154

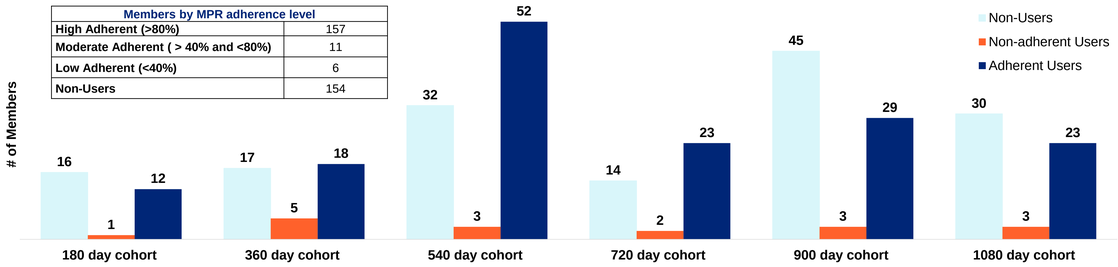
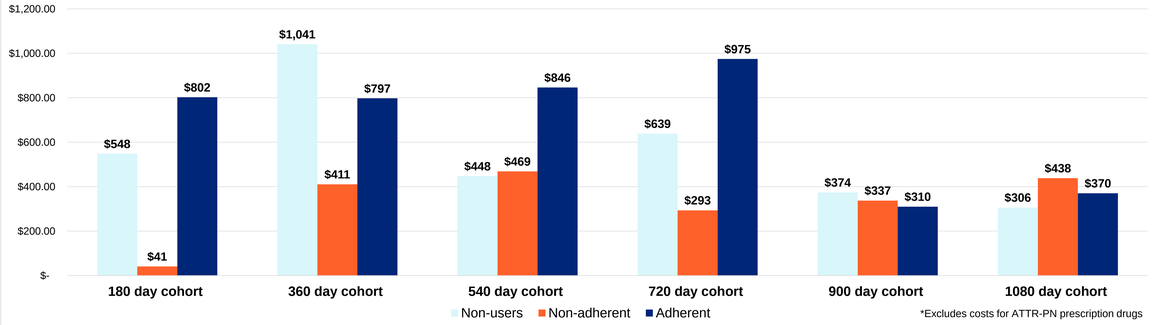


Table 1. PMPM Medical Costs

	Non-Users (n=154)	Non-adherent Users (n=17)	Adherent Users (n=157)
180-day cohort (n=29)	$ 1,147	$ 786	$ 1,052
360-day cohort (n=40)	$ 3,579	$ 5,895	$ 2,969
540-day cohort (n=87)	$ 2,494	$ 8,305	$ 1,476
720-day cohort (n=39)	$ 2,222	$ 509	$ 1,688
900-day cohort (n=77)	$ 1,450	$ 2,661	$ 603
1080-day cohort (n=56)	$ 2,029	$ 1,744	$ 1,702

Figure 3. Non-Tafamidis Related PMPM Pharmacy Costs*



*Excludes costs for ATTR-PN prescription drugs

Limitations

- Member data was obtained from unadjusted claims and sample size was low.
- Demographic information was not accessible for the member population.
- Limitations in accessing the degree of disease progression using methods such as the 6-minute walk test, an echocardiogram, or electrocardiogram reading.
- The contribution of other clinical factors to member medical costs was not determined.
- Propensity score matching was not performed for this analysis.

Conclusions

- Tafamidis users with ATTR-CM were generally adherent to their treatment regimen.
- Adherent members had the lowest average medical costs over a 3-year period compared to non-users and non-adherent members.
- Non-adherent tafamidis members incurred higher medical costs and utilized more medical resources compared to both non-users and adherent members.
- The observed higher pharmacy expense for adherent members between 180-720 day cohorts suggests a need for further exploration of relationship between adherence and disease progression.
- Given their related mechanisms of action, concomitant use of medications for ATTR-CM and ATTR-PN merit further clinical and pharmacoeconomic evaluation.
- Implementing a member/patient program may enhance adherence and duration of therapy, helping members achieve the full therapeutic benefit of tafamidis.

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Acknowledgements

Managed Care Internship Project

Sponsored by: Pfizer Inc., in partnership with Academy of Managed Care Pharmacy (AMCP) Foundation UnitedHealth Group

Special Thanks to Our Pfizer Advisors: Jay Pauly, Ed Casey, and Tom Heard

UnitedHealth Group

University of Georgia College of Pharmacy

AMCP Foundation
Developing leaders. Enhancing health.

Poster presented at Academy of Managed Care Pharmacy Annual Meeting in Las Vegas NV, October 14-17, 2024.