Impact of Payer Rejections and Out-of-Pocket Costs on Patient Access to Bempedoic Acid Therapy

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BACKGROUND

- Early uptake of PCSK9i monoclonal antibodies (mAbs) was limited by payer rejections and out-of-pocket (OOP) costs.
- Previous research showed during the 1st year of availability:[1]
  - 52.8% of patients prescribed PCSK9i never received approval
  - 34.7% of patients approved PCSK9i abandoned the Rx
- Bempedoic acid (BPA), a novel non-statin lipid-lowering agent, was approved by FDA February 2020. Whether uptake was affected by similar issues remains unknown.

METHODS

- **Design:** Retrospective claims database analysis.
- **Dataset:** Pharmacy transaction data from Symphony Health Solutions claims database
  - Covers >80% of US prescriptions
  - Includes full lifecycle pharmacy claims data, including final patient OOP cost
- **Population:** All adult patients ≥ 18 years with at least 1 prescription (Rx) claim for BPA from March 10, 2022 through December 31, 2022, using either government or commercial (private) insurance
- **Outcomes:**
  - Prescription approval: If the Rx was approved or rejected
  - Prescription fill rates: Among approved Rx's, whether the Rx was filled or abandoned
- **Model Variables:**

Patient	Demographics (age, sex, ethnicity) Prior or concurrent lipid-lowering therapy
Payer	Government Commercial (Private)
Prescriber	Specialty Prescriber volume (total number of prescriptions)

- **Analysis:**
  - Description of BPA approval and fill rates
  - Multivariable logistic regression for ever receiving approval of BPA
  - Prescription fill rates were assessed by OOP cost, stratified by insurance

1. Navar AM, et al., *JAMA Cardiol* (2017)

RESULTS

Table 1: Population Characteristics

	N = 116,176
Age	67 (59.0, 74)
Female	65,701 (56.6%)
Ethnicity	
Asian	1,540 (1.3%)
Black	61,420 (52.9%)
Hispanic	7,284 (6.3%)
Other	1,685 (1.5%)
White/Caucasian	63,763 (54.9%)
Unknown	32,012 (27.6%)
Payment Type	
Government	54,756 (47.1%)
Commercial	61,420 (52.9%)
OOP Cost ($)	25 (10.0, 85)
Statin use	
Current	34,304 (29.5%)
Prior	49,929 (43.0%)
Unknown/never	31,943 (27.5%)
Nonstatin LLT	44,236 (38.1%)
Ezetimibe	34,304 (29.5%)
PCSK9i	7,638 (6.6%)
Provider specialty	
APP	9,389 (8.1%)
Cardiology	42,684 (36.9%)
Endocrinology	5,755 (5.0%)
Other	6,313 (5.5%)
Primary care	51,623 (44.6%)

* n (%), median (IQR). LLT: lipid-lowering therapy, APP: advance practice provider.

- N=116,176 were prescribed BPA - median age 67, 56.6% female **(Table 1)**
- Of those prescribed BPA, 31.1% never received insurance approval and 12.1% were approved but never filled the Rx **(Figure 1)**
- Fill rates declined with increasing OOP costs, which were higher in those with government vs commercial insurance **(Figure 2)**
- Commercial insurance, cardiologist as prescriber (vs primary care), and high provider prescription volume were associated with greater likelihood of BPA approval. **(Figure 3)**

Figure 1: Prescription fate (approval, rejection, dispense, abandonment) of patients prescribed BPA

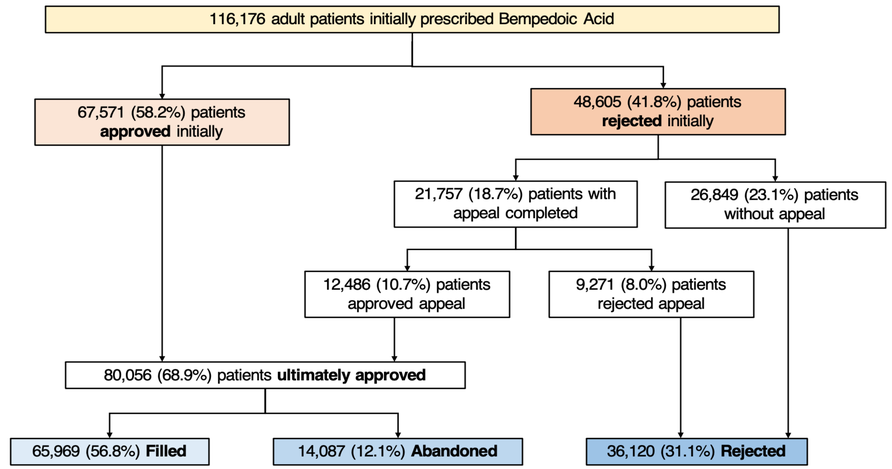


Figure 2: Prescription fill rates of BPA by OOP cost according to payment type

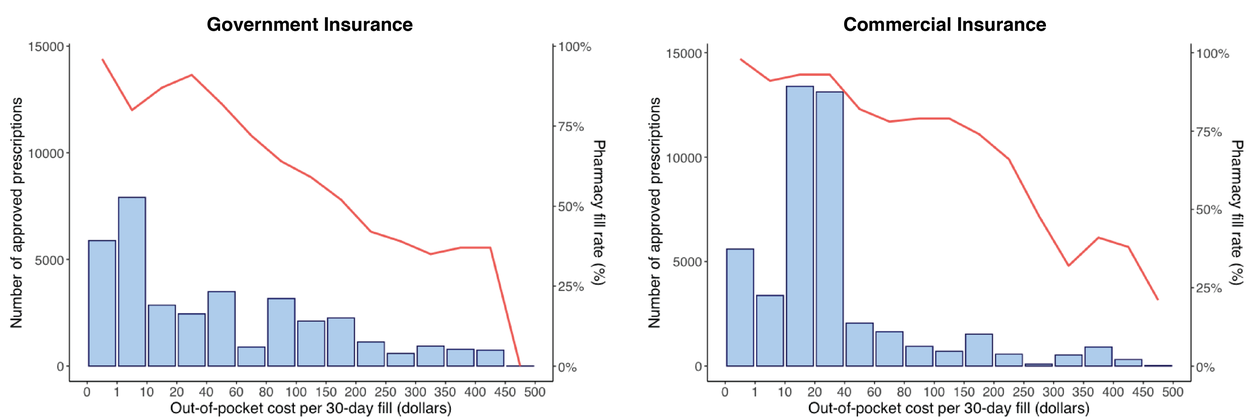
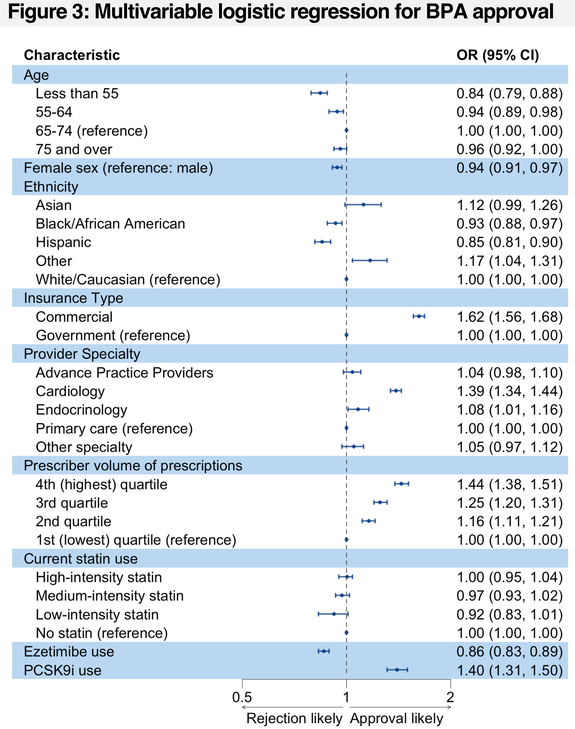


Figure 3: Multivariable logistic regression for BPA approval



CONCLUSIONS

- Similar to PCSK9i, high rates of payer rejections and patient abandonment have limited patient access to BPA.
- Prescription abandonment is a substantial barrier to obtain BPA for a subset of patients, driven by out-of-pocket cost particularly in those with government insurance.
- Cardiology providers and provider Rx volume are associated with improved approval rates, suggesting the potential that provider familiarity through education and support during the PA process may improve overall prescription success.

DISCLOSURES

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