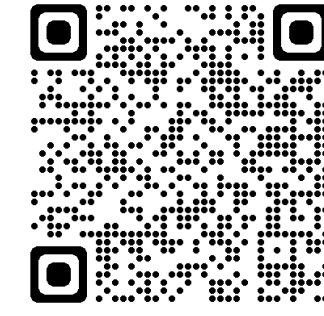


# COST ANALYSIS OF ONCE DAILY EXTENDED-RELEASE TACROLIMUS (LCPT) AND TWICE DAILY IMMEDIATE-RELEASE TACROLIMUS (IR-TAC) FOR KIDNEY TRANSPLANT PATIENTS

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## Purpose

Evaluate the out-of-pocket (OOP) costs (defined as final amount charged to the patient) of LCPT vs IR-Tac in kidney transplant patients and the OOP costs covered by the institution's financial assistance, Medication Access Program (MAP).

## Setting and Patient Sample

Single-center, retrospective review of pharmacy and billing claims records from 1/1/2021 to 06/30/22

Kidney transplant recipients who filled prescriptions for IR-Tac or LCPT with the center's transplant pharmacy were included. Patients must have filled two or more 30-day fills or one or more 90-day fills of LCPT or IR-Tac.

**Table 1. Cost by insurance category**

Insurance Category	Member Paid Mean (SD)	Primary Paid Mean (SD)	Secondary Paid Mean (SD)	n
<b>Overall</b>				
Primary Insurance + MAP	0 (0)	197.84 (445.69)	53.42 (114.84)	3423
Primary Insurance + Non-MAP	0.01 (0.33)	151.39 (341.34)	55.56 (110.49)	2241
Primary Insurance Only	11.22 (31.93)	179.05 (366.66)		12747
<b>IR-Tac</b>				
Primary Insurance + MAP	0 (0)	106.2 (177.85)	32.74 (59.84)	2996
Primary Insurance + Non-MAP	0.01 (0.36)	84.58 (111.22)	42.1 (92.63)	1969
Primary Insurance Only	11.67 (30.73)	102.85 (148.24)		11297
<b>LCPT</b>				
Primary Insurance + MAP	0 (0)	840.84 (948.56)	198.53 (238.03)	427
Primary Insurance + Non-MAP	0 (0)	634.98 (778.51)	152.96 (166.59)	272
Primary Insurance Only	7.66 (39.9)	772.73 (783.13)		1450

## HIGHLIGHTS

A total of 18411 fills were included (n=16262 IR-Tac, n=2149 LCPT). Patients prescribed IR-Tac averaged OOP costs of \$8.10 (standard deviation [SD] 26) compared to LCPT average OOP costs of \$5.20 (SD 33).

At an institution with a patient assistance grant to cover OOP costs in eligible patients, patients prescribed LCPT were 6.25 times less likely to have higher OOP costs than those prescribed IR-Tac.

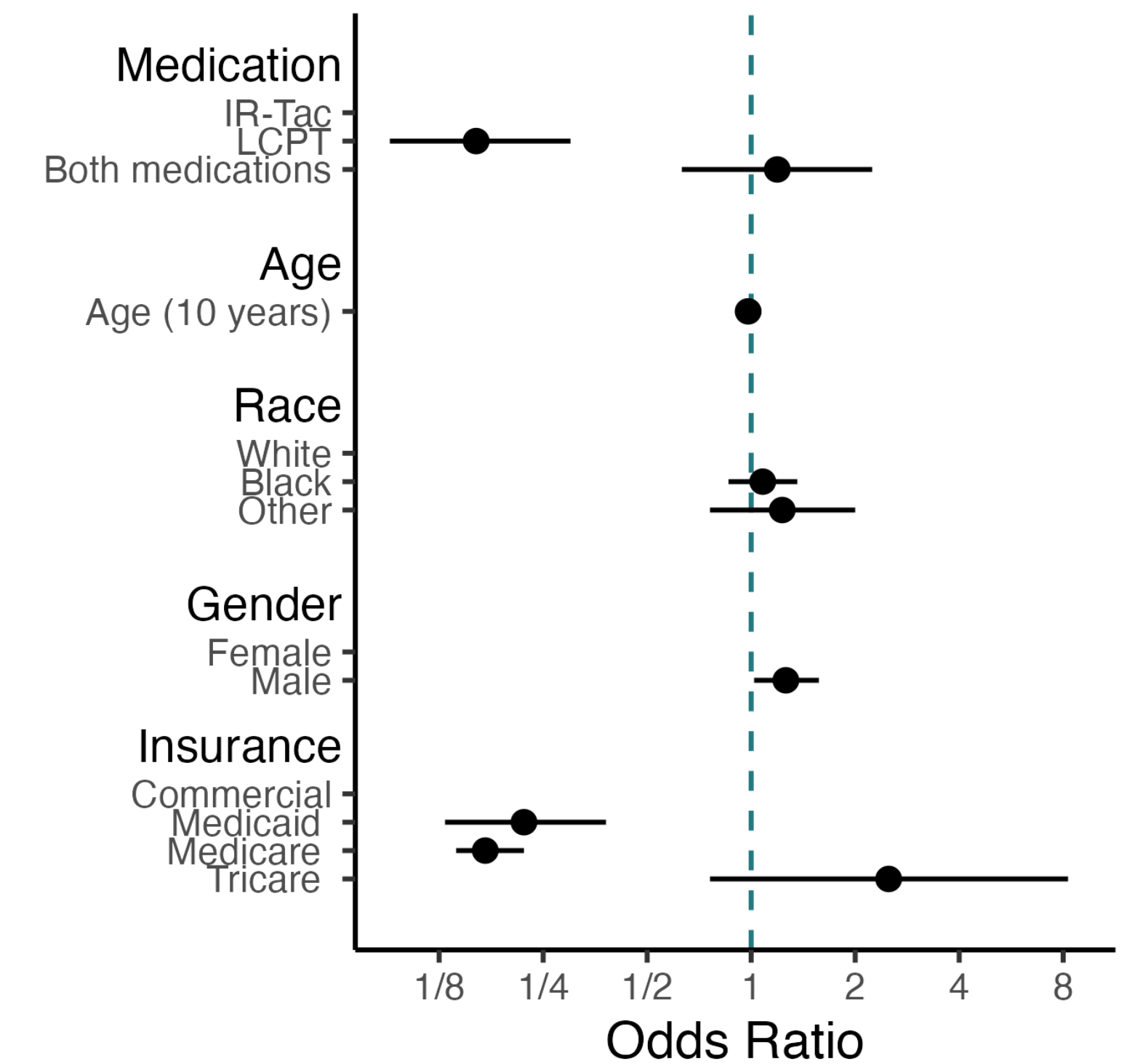
Patients with a high copay or deductible primary insurance plan that do not have secondary insurance coverage or access to an institution grant are at risk for high OOP costs for both IR-Tac and LCPT.

## Results

**Table 2. Patient Demographics**

	IR-Tac (n=1314) n (%)	LCPT (n=134) n (%)	Both (n=39) n (%)
<b>Age at first sold date, years - (median, IQR)</b>	54 (42-63)	52 (43-65)	55 (49-67)
<b>Gender, Female</b>	596 (45)	59 (44)	19(49)
<b>Race</b>			
White	778 (59)	48 (36)	24 (62)
Black or African American	463 (35)	82 (61)	13 (33)
<b>Number of fills – (median, IQR)</b>	11 (6-17)	14 (6-18)	12 (8-15)
<b>Primary insurance filled</b>			
Commercial	346 (26)	28 (21)	9 (23)
Medicaid	48 (4)	7 (5)	0 (0)
Medicare	915 (70)	99 (74)	29 (74)
Tricare	5 (0)	0 (0)	1 (3)

**Figure 1: OOP cost regression model**



**Figure 2: Distribution of OOP costs by medication**

