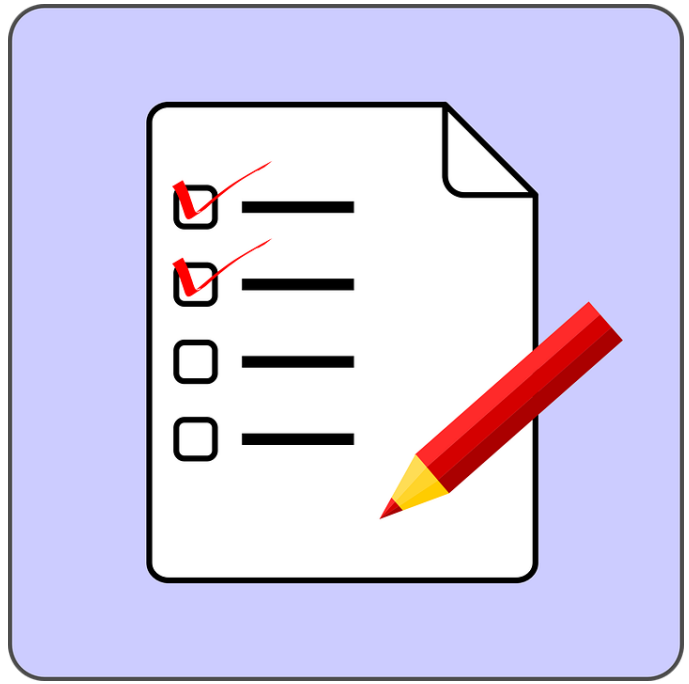
Dissertation Project

A DESCRIPTIVE STUDY ON COVERAGE OF DRUGS OF RA IN DRUG TIERS BY THE TOP PAYERS IN US HEALTHCARE SYSTEM

- Astitva Gupta
- Roll No – 0230
- MBA PM 12

Contents



Introduction

- The US Healthcare System is a complicated and non-uniform system.
- It is heavily impacted by a combination of the public and private payer organizations.
- The different payers offers different plan for the public as a financial support in accessing the healthcare services.
- These plans have a particular Prescription Drug List or Formulary which includes the information of the coverage of the various drugs in that plan.
- In US more that 50 million people are diagnosed with Rheumatoid Arthritis.
- This means that the consumption of Antirheumatic drugs would also be very high.
- Many of the newer developments in the healthcare system are targeted directly or indirectly for RA.
- Most of the New drugs that are approved by FDA are used in the treatment of RA.
- These includes the costly biologics, biosimilars, monoclonal antibodies, TNF inhibitors, etc,.

Objectives

- To identify the top payers in US Healthcare System.
- To Understand the coverage of drugs in the drug tier by different payers
- To find out the coverage of Antirheumatic drugs in different prescription drug lists.

Methodology

- **Study Design:** This is a descriptive study with Secondary Research.
- **Data collection method**: The data is collected from 50 drug formularies from random payers.
- **Data collection tool:** Fingertip formulary portal
- **Sample size:** 50 drug formularies
- **Analysis:** Analysis was done by using Microsoft Excel.
- **Exclusion and Inclusion criteria:** No private data was used in the study. All the formularies are publicly available.
- **Study area:** US Market
- **Duration of the Study:** 3 months

LIST OF DRUGS USED FOR THE STUDY

This list includes, oral, IV, SC, self-administrable, non-self administrable drugs. It also contains biologic drugs which are high cost and mostly kept in specialty tiers in the drug list, meaning, these requires higher copay or coinsurance. The list also includes steroid drugs like prednisolone and triamcinolone which are economical and wide used in the smaller stages.

Brand Name	Chemical Name
Orencia ClickJect	abatacept
Kineret	anakinra
Otezla	apremilast
Ridaura	auranofin
Olumiant	baricitinib
Benlysta	belimumab
Cimzia (lyo)	certolizumab pegol
Euflexxa	hyaluronate
Hydroxychloroquine	hydroxychloroquine
Synvisc	hylan
Leflunomide	leflunomide
Methotrexate	methotrexate
Cuprimine	penicillamine
Rayos	prednisone
Rituxan	rituximab
Truxima	rituximab-abbs
Cosentyx	secukinumab
Actemra	tocilizumab
Xeljanz	tofacitinib
Zilretta	triamcinolone acetonide extended-release injectable suspension
Stelara	ustekinumab

Results

Orencia ClickJect	Number of plans	Percentage
Covered in	35	70%
Covered without restrictions	3	6%
Not covered in	15	30%

Kineret	Number of plans	Percentage
Covered in	25	50%
Covered without restrictions	6	12%
Not covered in	25	50%

Hydroxychloroquine	Number of plans	Percentage
Covered in	48	96%
Covered without restrictions	47	94%
Not covered in	2	4%

Otezla	Number of plans	Percentage
Covered in	41	82%
Covered without restrictions	7	14%
Not covered in	9	18%

Ridaura	Number of plans	Percentage
Covered in	39	78%
Covered without restrictions	39	78%
Not covered in	11	22%

Synvisc	Number of plans	Percentage
Covered in	3	6%
Covered without restrictions	3	6%
Not covered in	47	94%

Olumiant	Number of plans	Percentage
Covered in	30	60%
Covered without restrictions	4	8%
Not covered in	20	40%

Benlysta	Number of plans	Percentage
Covered in	20	40%
Covered without restrictions	6	12%
Not covered in	30	60%

Leflunomide	Number of plans	Percentage
Covered in	45	90%
Covered without restrictions	44	88%
Not covered in	5	10%

Cimzia (lyo)	Number of plans	Percentage
Covered in	23	46%
Covered without restrictions	1	2%
Not covered in	27	54%

Euflexxa	Number of plans	Percentage
Covered in	20	40%
Covered without restrictions	10	20%
Not covered in	30	60%

Methotrexate	Number of plans	Percentage
Covered in	50	100%
Covered without restrictions	48	96%
Not covered in	0	0%

Cuprimine	Number of plans	Percentage
Covered in	10	20%
Covered without restrictions	3	6%
Not covered in	40	80%

Rayos	Number of plans	Percentage
Covered in	17	34%
Covered without restrictions	7	14%
Not covered in	33	66%

Results

Rituxan	Number of plans	Percentage
Covered in	11	22%
Covered without restrictions	4	8%
Not covered in	39	78%

Truxima	Number of plans	Percentage
Covered in	8	16%
Covered without restrictions	5	10%
Not covered in	42	84%

Cosentyx	Number of plans	Percentage
Covered in	37	74%
Covered without restrictions	6	12%
Not covered in	13	26%

Actemra	Number of plans	Percentage
Covered in	13	26%
Covered without restrictions	1	2%
Not covered in	37	74%

Xeljanz	Number of plans	Percentage
Covered in	45	90%
Covered without restrictions	4	8%
Not covered in	5	10%

Zilretta	Number of plans	Percentage
Covered in	8	16%
Covered without restrictions	7	14%
Not covered in	42	84%

Stelara	Number of plans	Percentage
Covered in	46	92%
Covered without restrictions	2	4%
Not covered in	4	8%

Results

- Drugs like Methotrexate, Leflunomide, Hydroxychloroquine and Ridaura, are covered by most of the plans. And these are not even applied with any restrictions as well.
- Conversely, drugs like Orencia, Kineret, Olumiant, Cimzia, Synvisc, Cuprimine, Rituxan, Truxima, Cosentyx, Actemra, Xeljanz and Stelara are not covered and even if covered on then on higher tiers and applied with restrictions on their coverage by most of the plans.
- Then there are few drugs like Rayos and Zilretta which have commonly and widely used contents namely, prednisone and triamcinolone. These are not given coverage by most of the plans and in lower tiers and even if they are given coverage then too, they are applied with comparatively lesser restrictions.

Recommendations

- The monoclonal antibodies like Actemra, Cosentyx, Stelara, Cimzia have time to time proven their capacity to save lives.
- The lifesaving and expensive drugs should be brought down to the lower tiers and the simplification of the restrictions should be done so that the agenda of whole system can be justified.
- Restrictions should only be used for avoiding the misuse of the drugs. If it becomes a burden on the patient in the difficult time, then getting insured does not make sense.

References

- C. Eustice, "The Prevalence and Statistics of Arthritis," Verywell Health, 4 February 2022. [Online]. Available: https://www.verywellhealth.com/arthritis-prevalence-and-statistics-189356. [Accessed 29 June 2022].
- "International Society for Pharmacoeconomics and Outcomes Research, Inc," 25 June 2022. [Online]. Available: https://www.ispor.org/heor-resources/more-heor-resources/us-healthcare-system-overview/us-healthcare-system-overview-background-page-1.
- "OECD," [Online]. Available: https://www.oecd-ilibrary.org/sites/154e8143-en/index.html?itemId=/content/component/154e8143-en. [Accessed 25 June 2022].

THANKYOU