# ACCESS TO RHEUMATOID ARTHRITIS MEDICINES IN EXCHANGE PLANS

**Rheumatoid Arthritis (RA) is an autoimmune disease that causes chronic joint inflammation and painful swelling** that may result in long-term damage and disability. In addition to causing joint problems, RA sometimes can affect other organs of the body—such as the skin, eyes, lungs, and blood vessels. Immunosuppressant medicines are an essential component of RA treatment; these medicines help to reduce inflammation and prevent joint damage. The specific choice of therapy depends upon several factors, including the severity of disease activity when therapy is initiated and the response of the patient to prior interventions. This fact sheet offers insight into access to these medicines[1] in the new health insurance exchanges. Key findings are primarily based on an analysis of 84 plans in the 15 states with the highest expected exchange enrollment for 2014.[2]

## COVERAGE AND ACCESS FOR RA MEDICINES

On average, exchange plans cover many RA-specific immunosuppressants. Even so, cost-sharing is extremely high and could be a significant barrier to access for many patients.

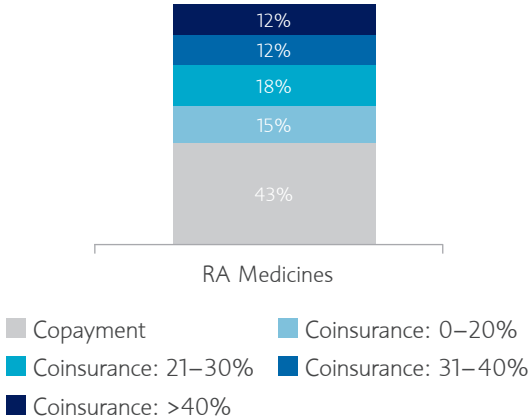
### Formulary Coverage: Coverage of RA medicines in exchange plans is less generous than coverage in employer plans.[3]

- Coverage of single-source (defined as medicines for which a generic equivalent is not available) RA medicines in exchanges is fairly high, at a rate of 76%. Employer plans, in comparison, cover these medicines 88% of the time.

### Cost-Sharing: Medicines to treat RA are often subject to high coinsurance in exchange plans.

- RA medicines covered by exchange plans are subject to coinsurance nearly 60% of the time at an average rate of 35%. Under this level of coinsurance, a patient could face cost-sharing ranging from $150 to $3,000 for a one-month supply of a single RA medicine.[4] For patients with high deductibles, filling even a single prescription could be a significant financial burden.
- Also, unlike most employer plans,[5] many silver and bronze plans in exchanges subject prescription medicines to a single global deductible for both medicines and other services. Those deductibles average about $2,500 in silver plans and $4,300 in bronze plans.[6]
- These cost-sharing details do not reflect subsidies for enrollees with incomes below 250% of poverty; however plans have flexibility in how they implement these subsidies, and many plans still have coinsurance levels of more the 30% for higher formulary tiers.[7]

Frequency of Copayment vs. Coinsurance by Amount for RA Medicines

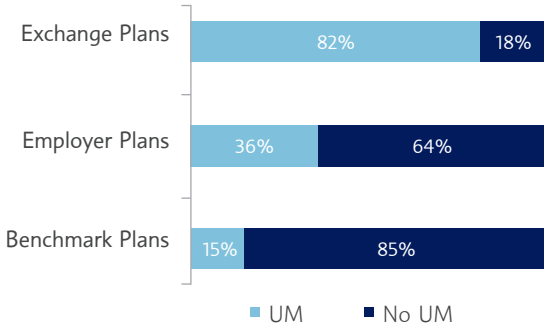



Analytics by Avalere Health. Developed by PhRMA.

**Access Limits: RA medicines are more likely to be subject to step therapy or prior authorization in exchange plans than in employer[8] or benchmark plans.**

- In exchange plans, RA-specific immunosuppressants are subject to utilization management 82% of the time when covered.
- An analysis of the 2014 version of essential health benefit benchmark formularies in 12 states found that these benchmark formularies require utilization management for RA medicines less often compared to exchange plans (82% compared to 15% for single-source RA medicines, when listed).
- These medicines are subject to UM 36% of the time in employer plans.

Utilization Management of Single-Source RA Medicines




## VARIATION ACROSS STATES

Although most plans cover a reasonable number of RA medicines, exchange plans in some states cover very few RA-specific immunosuppressants.

- Select plans in Florida and Texas cover just 1 of the 10 single-source RA medicines, and certain plans in New York, Ohio, and Virginia cover just 2 of 10. Patients in these states could lose access to their current RA medicine when transitioning to exchange coverage.
- Plans in Indiana, North Carolina, and Pennsylvania cover 8 or more of the 10 single-source RA medicines on the market.
- In 4 of the top 15 states, plans analyzed subject every covered single-source RA medicine with coinsurance of 30% or more. Ten of the 15 states require coinsurance at or above the 30% level for at least half of single-source RA medicines covered.[9] Plans in California and Wisconsin require this level of coinsurance least often (about 25% of the time).

[1] RA-specific immunosuppressants include Azasan, Azathioprine, Cimzia, Cuprimine, Cyclosporine, Depen, Enbrel, Humira, Imuran, Kineret, Methotrexate, Orencia, Remicade, Rheumatrex, Simponi, Trexall, and Xeljanz.
[2] Silver plans in AR, CA, FL, GA, IL, IN, MI, NC, NJ, NY, OH, PA, TX, VA, WI.
[3] Employer-sponsored insurance (ESI) data based on 2013 formularies from the following plans: the largest federal employee health plan (FEHBP); a large public, non-governmental, self-insured employer plan; a large, self-insured employer plan; a national carrier plan sponsored by a large employer; and a national carrier plan sponsored by a mid-size employer.
[4] Single-source immunosuppressants covered under the pharmacy benefit.
[5] Kaiser/HRET Survey of Employer Sponsored Health Benefits 2013.
[6] Avalere Health PlanScape,™ a proprietary analysis of exchange plan features. Data as of October 31, 2013.
[7] Avalere March 2014 analysis of HHS Landscape File.
[8] Employer-sponsored insurance (ESI) data based on 2013 formularies from the following plans: the largest federal employee health plan (FEHBP); a large public, non-governmental, self-insured employer plan; a large, self-insured employer plan; a national carrier plan sponsored by a large employer; and a national carrier plan sponsored by a mid-size employer.
[9] Plans analyzed in AR, IN, and NY did not subject covered RA medicines to coinsurance in excess of 30%.