

# Barrier Analysis of Biologic Rheumatoid Arthritis Outlier Utilization in a NJ Medicare Health Plan

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## Background

- Biologic disease modifying antirheumatic drugs (bDMARDs) play a critical role in the treatment regimen of rheumatoid arthritis (RA) to prevent disease progression and other complications.<sup>1</sup>
- 44% of adults aged 65 years and older report an RA diagnosis but bDMARDs remain underutilized.<sup>2</sup>
- Chronic and uncontrolled RA can lead to exacerbations and worsening of other conditions, leading to more complications.<sup>3</sup>

## Objective

- Describe the member demographics of New Jersey Medicare members with rheumatoid arthritis.
- Identify any associated outliers/trends.

## Methods

- Retrospective descriptive analysis of pharmacy and medical claims from Horizon BCBS of NJ Medicare members.
- Conducted from January 1st, 2024, to July 31st, 2024; Included members that (1) filled at least one biologic DMARD (2) for the treatment of rheumatoid arthritis.
- Member data and analysis claims information included member name, ID number, age, sex, ICD 10 codes for RA (M06.0 - M06.9), bDMARD used, and prescriber specialty.

Characteristic	n (%)
<b>Gender</b>	
Female	35 (80%)
Male	9 (20%)
<b>Age</b>	
35-49	2 (5%)
50-64	15 (34%)
65-74	19 (43%)
>75	8 (18%)

## Tables / Charts

Chart 1. Most Frequently Used Biologic Classes (n=44)

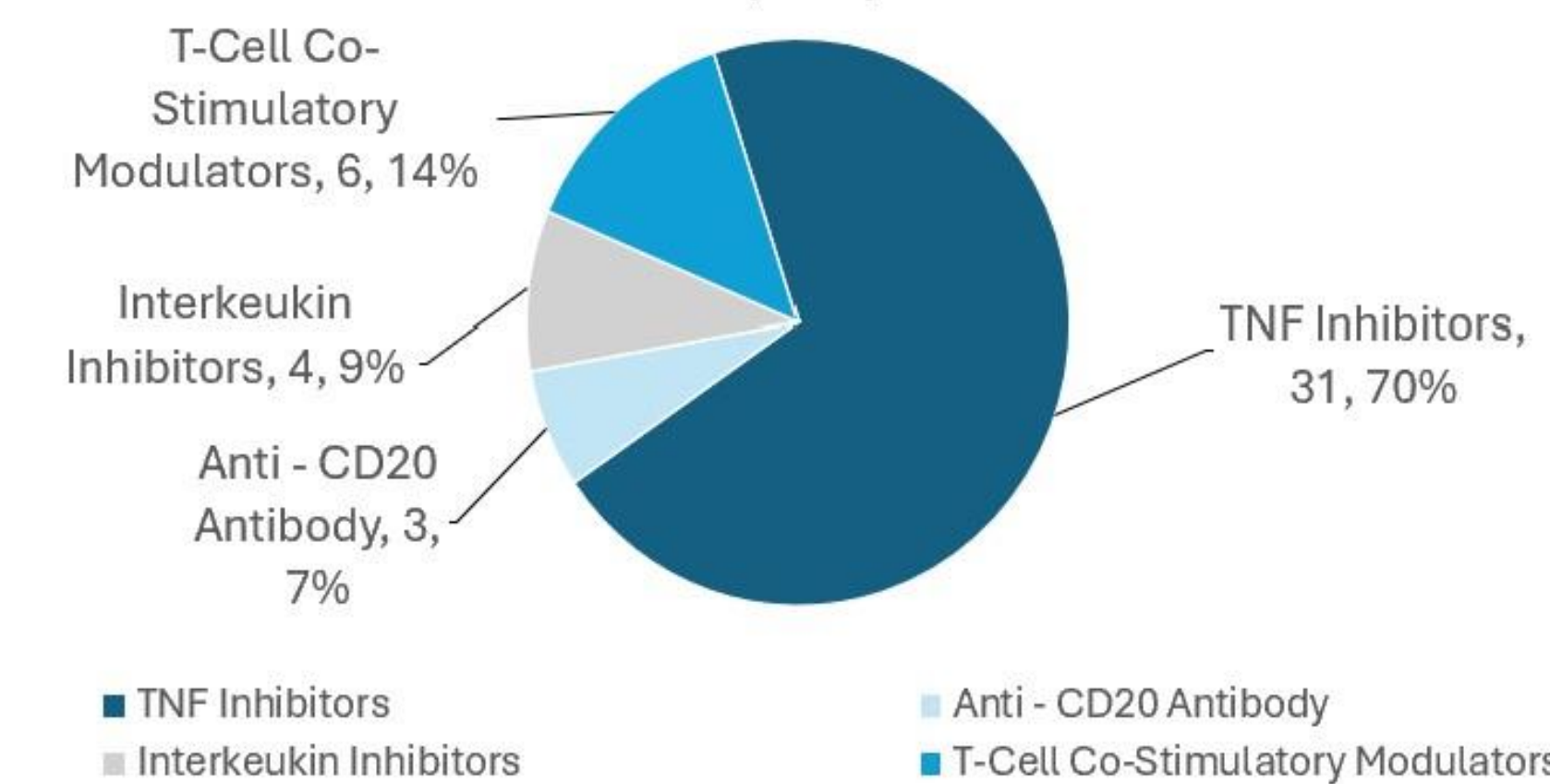


Chart 2. Most Frequently Used TNF Inhibitors (n=31)

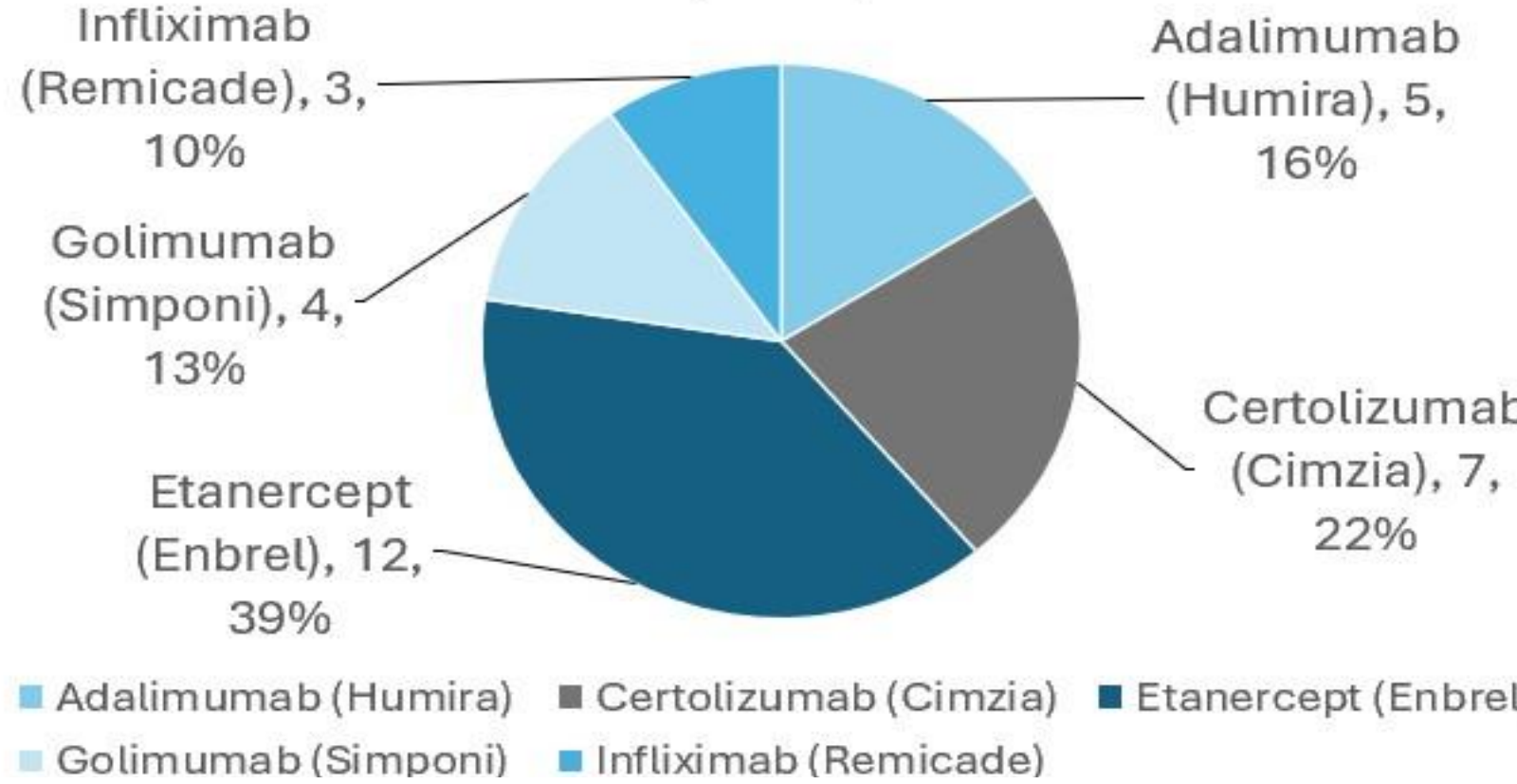


Chart 3. Traditional DMARDs used with a Biologic DMARD (n=25)

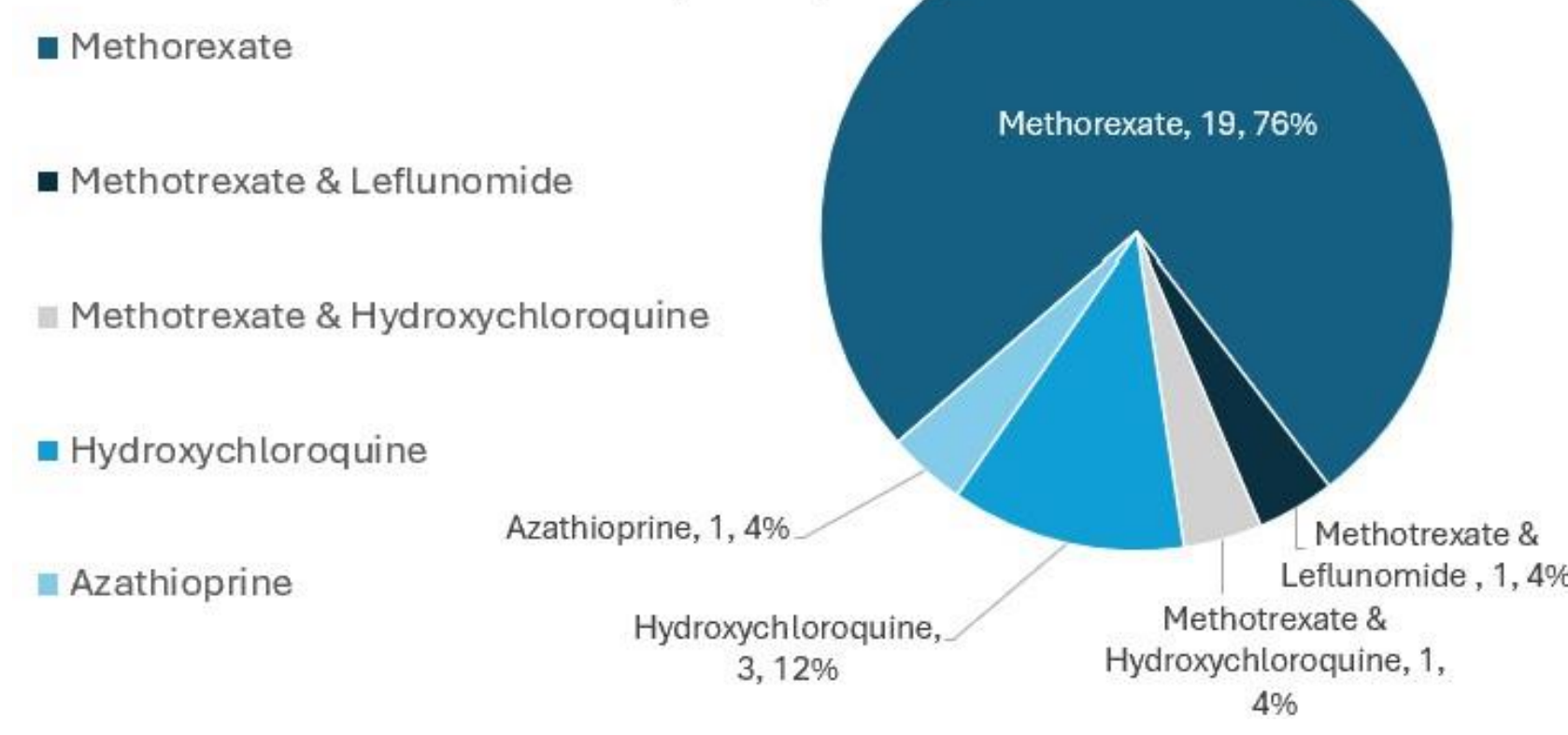
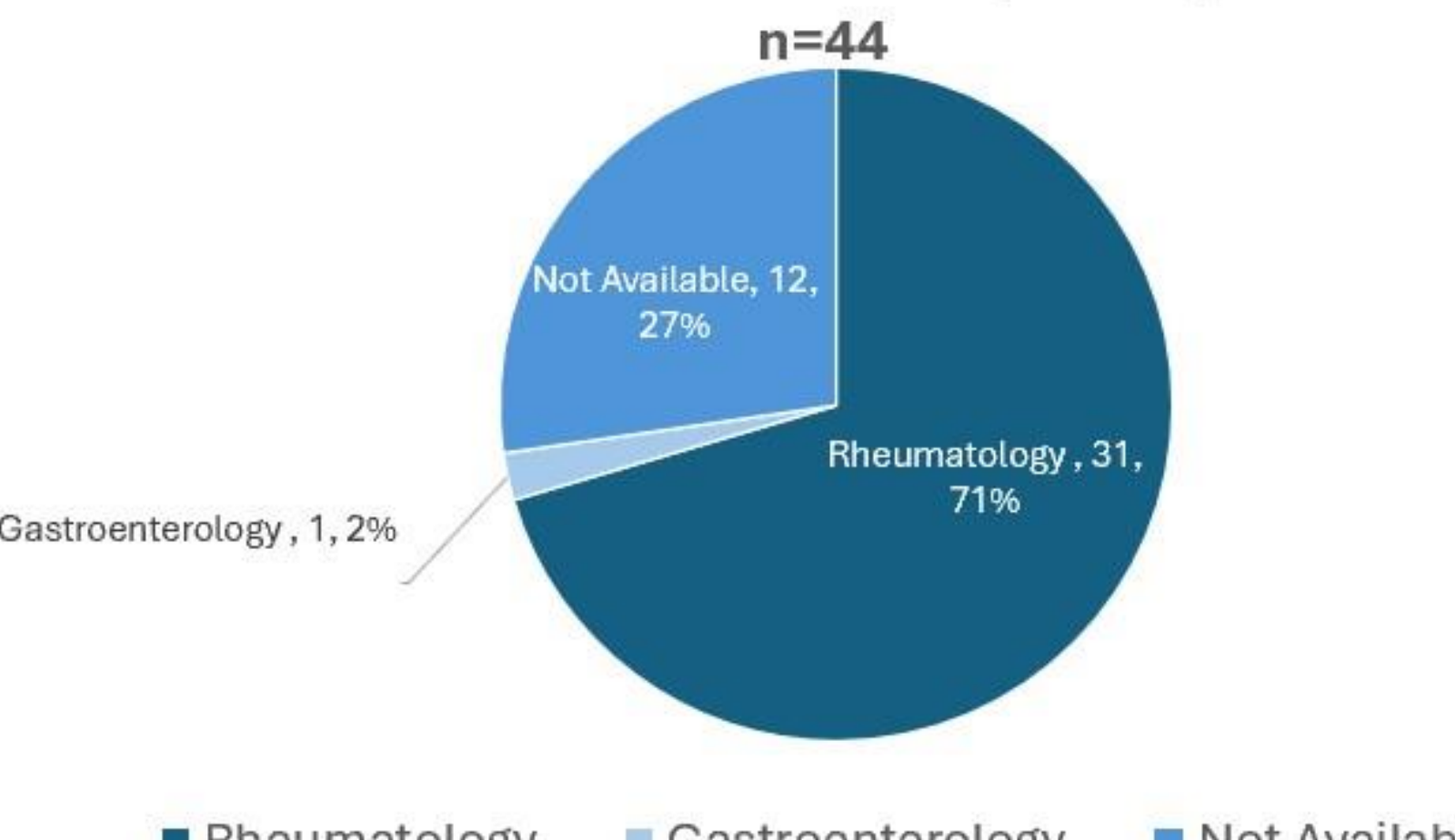


Chart 4. Prescriber Specialty (n=44)



Comorbidity	n (%)
Obesity	14 (32%)
Type 2 Diabetes	21 (48%)
CV Disease	40 (91%)

## Limitations

- Further analyses should include financial data.
- Sub analysis of patients with multiple comorbidities potentially of interest in future analyses
- Limited sample size

## Acknowledgements

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## Discussion

- A total of 44 members were identified for the analysis based on the methodology.
- Overall, the patient demographics and utilization patterns were consistent with current patterns found in literature.
- The most utilized bDMARD class was TNF inhibitors (chart 1), of which etanercept was the most utilized agent (chart 2).
- Horizon's Medicare PDP policy requires a prior authorization, proof of medical necessity, and a specialist consult (chart 4) for the approval of bDMARDs.<sup>4</sup>
- Additionally, members demonstrated high use of non-preferred options despite policy requirements to fail first-line options.
- Methotrexate was the most utilized DMARD in dual therapy (chart 3).
- All 44 members had at least one of the comorbidities listed (obesity, type 2 diabetes, and CV disease) (table 2).

## Conclusions

- Few outliers and barriers were found within this Medicare RA population.
- Significant prevalence of obesity, type 2 diabetes, and CV disease within the sample population.
- Findings from this analysis indicate that the clinical policy may not pose a barrier in accessing non-preferred TNF Inhibitor bDMARD options in a step wise manner if medically necessary and clinical criteria are met and aligns with clinical guidelines.
- Findings from this analysis should be used as a basis for research to evaluate financial implications of uncontrolled chronic diseases within the RA population and to assess the financial outcomes of lenient or restrictive bDMARD policies to the health plan.

References:  
 1. Fraenkel, Liana. "Contentstack." 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis, American College of Rheumatology, assets.contentstack.io/v3/assets/bltee37abb6b278ab2c/blt9e44ccb701e1918c/63360f6775c0be225b8d943a/ra-guideline-2021.pdf. Accessed 9 Oct. 2024.  
 2. "Rheumatoid Arthritis." Mayo Clinic, Mayo Foundation for Medical Education and Research, 25 Jan. 2023, www.mayoclinic.org/diseases-conditions/rheumatoid-arthritis/symptoms-causes/syc-20353648.  
 3. Get the Latest News about Rheumatoid Arthritis & Heart Disease Today, www.arthritis.org/health-wellness/about-arthritis/related-conditions/other-diseases/rheumatoid-arthritis-heart-disease. Accessed 8 Oct. 2024.  
 4. "Prescription Drug Formulary Exception, Tier Exception, and Multisource Brand Name Criteria Policy." Horizon Blue Cross Blue Shield of New Jersey, www.horizonblue.com/providers/products-programs/pharmacy/pharmacy-guidelines/prescription-drug-formulary-exception-tier-exception-and-multisource-brand-name-criteria-policy. Accessed 8 Oct. 2024.