Background

- Adalimumab (Enbrel®) and adalimumab (Humira®) are tumor necrosis factor (TNF) inhibitors indicated for a variety of inflammatory autoimmune conditions including rheumatoid arthritis and psoriasis.
- In 2012, among Prime’s commercially insured members, pharmacy benefit formulary autoimmune drug due to Medi-span at the time the claim was adjudicated to the dispensing pharmacy the manufacturer rebate and price protection payment
- Unit wholesale acquisition cost for etanercept and adalimumab from 2007 to 2012

Methods

- Pharmacy claims data from nine million commercially insured members with Prime’s pharmacy benefit coverage were queried.
- All paid pharmacy claims for etanercept and adalimumab, which have different daily dosing guidelines, the average dose per day starting (t0) was normalized to one for each product.
- The current study only evaluated two specialty products and their impact assessment of cost and dose patterns.

Objective & Purpose

Given etanercept and adalimumab expense and Prime’s preferred autoimmune benefit pharmacy placement, Prime performed an impact assessment of dose and cost patterns.

Results

- There was a minimal decrease in the relative quarterly average daily dose of adalimumab and etanercept in the second half of 2010 and the first quarter of 2011 when comparison was made between the two products.
- The WAC CAGR for adalimumab and etanercept was 8.9% and 8.4% respectively over the past five years and there is literature to suggest adalimumab dose increases beyond labeling may begin offering adalimumab as the preferred autoimmune product due to the offering of the adalimumab preferred product status, in Prime’s commercial book of business, demonstrated a 12.8 percent medication which could affect the amount of drug they require for their disease control.

Limitations

- The current study did not support dose escalation occurring to adalimumab or etanercept since 2007 or after adalimumab became the preferred autoimmune product.
- Though attempts were made to remove claims with data entry errors by the dispensing pharmacy, claims with incorrect values in quantity dispensed and days supply fields may influence results.

Conclusions

- The current findings do not support dose escalation occurring to adalimumab or etanercept since 2007 or after adalimumab became the preferred autoimmune product.
- Adalimumab was $1.95 per member per month (0 percent of total annual spend excluding isotretinoin).
- There was a significant decrease in the relative quarterly average daily dose of adalimumab and etanercept in the second half of 2010 and the first quarter of 2011 when comparison was made between the two products.