OPTUMRx®

2 minute DRILL

Evidence-based treatments for Rheumatoid Arthritis (RA)

2 Minute Drill: A compact summary of important topics in today's pharmacy benefits world.

Background

RA is an incurable inflammatory disease that is especially damaging to working-age adults.

About **1.5 million adults** in the U.S. have RA[1]

One of the highest-cost conditions for US employers – **over $73 billion.**[2] RA accounts for **1/4 of all specialty drug spending** in the US.[3]

There is no cure for RA. Today, patients are treated with **disease-modifying anti-rheumatic drugs, or DMARDs,** but also NSAIDs, steroids and aspirin.[1]

RA occurs when the immune system mistakenly attacks the membrane lining the joints. This causes inflammation which most often affects joints of the hands and feet.[1]

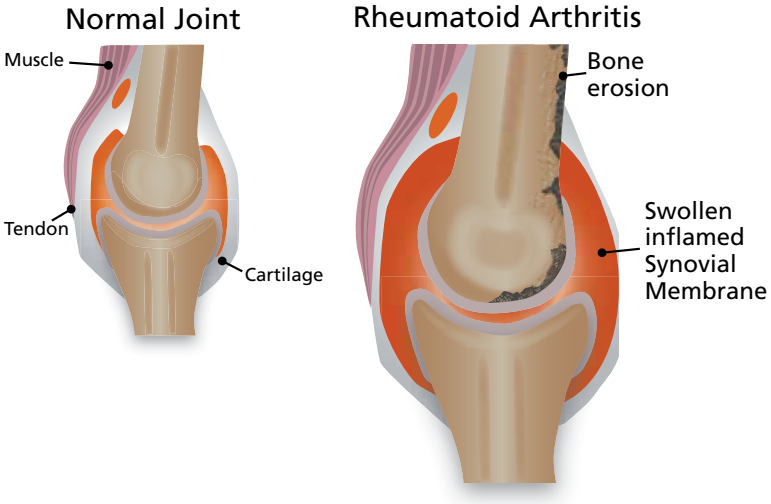
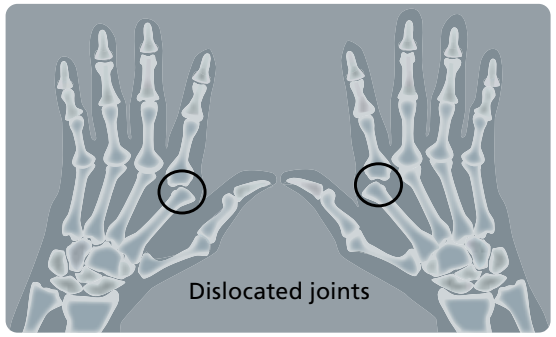


Image adapted from: Advanced Research Institute. Rheumatoid Arthritis. Accessed at: http://www.advresearch.org/rheumatoid-arthritis/

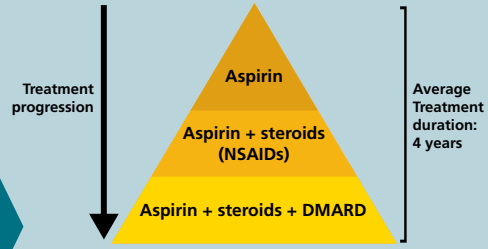
Early treatments were ineffective and many RA patients experienced severe joint damage. New radiographic analysis helped understand why:



Adapted from American College of Rheumatology image.

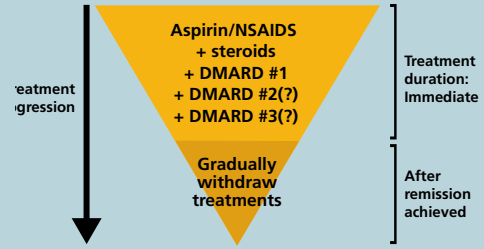
RA treatments needs to be aggressive and early

Original RA treatment pyramid: 1950's-1980's



Rheumatology. Evolution of treatment for rheumatoid arthritis. Volume 51, Issue suppl 6. Sept. 14, 2012.

RA treatment pyramid: 1990's-present



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Key Cost Driver: Biologic DMARDs

Modern RA drugs come in two forms: conventional (small-molecule) and biologic. High RA costs are primarily due to the extremely high cost of biologic DMARDs – **over 9,000% higher than the conventional kind**.

Large-molecule bioengineered DMARDs

Guidelines suggest that, except for specific exceptions, these costly medications should be used when conventional DMARDs fail or lose their effectiveness for a patient.

Small-molecule-small cost

Conventional DMARDs have been proven to be safe and effective, especially when used in various combinations including methotrexate.

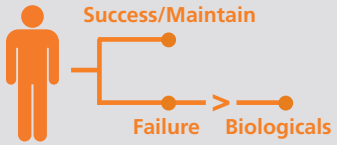
Retail prices via GoodRx.com, Aug. 13, 2014. Top 4 biologics via: IMS Health White Paper: Succeeding In the Rapidly Changing U.S. Specialty Market. 2014.

Professional guidelines support conventional DMARD use

The American College of Rheumatology is taking steps to promote the wise use of biologics and conventionals alike.[4] OptumRx supports these steps with intelligent management strategies that reinforce professional guidelines.

Too many RA patients are not trying conventional drugs

Guidelines recommend that all* new RA patients begin treatment with conventional drugs



*Except those clinically ineligible.

Ideally, a patient will try various combinations of conventional drugs. If one of these combinations proves successful, they keep using it. If not, they proceed to biologic drugs.[1]

In reality, too many patients are proceeding directly to expensive new biologic drugs. Many rheumatologists worry that this is wasteful and unnecessary.[2]

[1] Arthritis Care & Research. American College of Rheumatology. 2012 Update of the 2008 American College of Rheumatology Recommendations for the Use of Disease-Modifying Antirheumatic Drugs and Biologic Agents in the Treatment of Rheumatoid Arthritis. Vol. 64, No. 5, May 2012.

[2] Arthritis Care & Research, American College of Rheumatology. Choosing Wisely: The American College of Rheumatology's Top 5 List of Things Physicians and Patients Should Question. Vol. 65, No. 3,

How to Manage

Robust utilization management controls

- Tier placement
- Step therapy
- Prior authorization
- Supply limits
- Price discounts
- Medical Necessity

Clinical Management & Adherence support programs

- Adherence support (text reminders, consults)
- Dedicated pharmacists
- Personalized care plans
- Synchronized behavioral support

Program participants:

- Are significantly more adherent[5]
- Have 13% lower overall health costs[6] (inflamatory conditions)

* Consult with your representative to learn which programs and strategies are available to you.

Contact your OptumRx representative for more information.

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References

1. National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), April, 2013.
2. Arthritis Care & Research. Vol. 64, No. 11, Nov. 2012.
3. American Health & Drug Benefits. Trends in Biologic Therapies for Rheumatoid Arthritis. March/April, 2012.
4. Arthritis Care & Research. American College of Rheumatology: Choosing Wisely. Vol. 65, No. 3, March 2013.
5. Managing Specialty Medications Through a Network of Specialty Pharmacies. October 2103 AMCP conference, San Antonio, TX.
6. UM program for inflammatory conditions outcomes based on UHC commercial membership in 2013. Individual plan results may vary.