Evidence-based treatments for Rheumatoid Arthritis (RA)

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 aspirin¹

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

RA treatments needs to be aggressive and early

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

- Aspirin
- Aspirin + steroids (NSAIDs)
- Aspirin + steroids + DMARD

Average Treatment duration: 4 years


RA treatment pyramid: 1990’s-present

- Aspirin/NSAIDS + steroids + DMARD #1
- Gradually withdraw treatments

Treatment duration: Immediate

After remission achieved


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

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.

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 adherent5
• Have 13% lower overall health costs6 (inflammatory conditions)

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

Professional guidelines support conventional DMARD use
The American College of Rheumatology is taking steps to promote the wise use of biologics and conventional drugs 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

References

Contact your OptumRx representative for more information.