

Title: Drug utilization for TNF α inhibitors in US Medicaid program: a retrospective analysis 1998-2016

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Abstract:

Background Treatment options for rheumatoid arthritis and other autoimmune diseases significantly changed after approval of TNF α inhibitors in 1998. This advancement was accompanied by high prescription price and excellent economic performance. Methods Using the Centers for Medicare and Medicaid Services (CMS) national pharmacy data, pharmacy claims related to specific national drug codes for TNF α inhibitors available in the United States market were extracted. Study drugs included etanercept, infliximab, adalimumab, certolizumab, and golimumab. Medicaid utilization, reimbursement and price per prescription data were analyzed for each TNF α inhibitor and reported from 1998 to third quarter of 2016. The trend analysis was based on quarterly average number of prescriptions, reimbursement amount and per-prescription price. Results Total reimbursement for TNF α inhibitors increased from \$372,794 in 1998 to \$1,562.4 million. The trend for utilization, reimbursement and price steadily increased for all TNF α inhibitor products on the market from 1998 - 2016. Regardless of the increasing price per prescription, the products on the market were comparably priced. As of 2016, the average price per prescription for this treatment option was approaching \$4,000. In terms of reimbursement, 60% of the Medicaid market can be attributed to Adalimumab, exceeding 1.5 billion dollars. Conclusion This study demonstrated the increased burden of high-cost TNF α inhibitors in the Medicaid programs.