Payer Management of Oral Multiple Sclerosis Therapies in USA

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Introduction
- Multiple sclerosis (MS) is an inflammatory disease of the central nervous system (CNS) and is among the commonest causes of neurological disability in young people, with an annual incidence ranging from 2 to 10 cases per 100,000 persons per year.1
- MS has a chronic course that can evolve over 20 to 40 years, during which disease progression is progressive and permanent long-term disability. About 80% of relapsing-remitting multiple sclerosis (RRMS) patients experience some form of severe permanent disability after 20 to 25 years.1
- The primary goals of current treatments for MS are to prevent lesion formation and to delay the resulting disability. Progression of MS can be slowed by early treatment with disease-modifying drugs (DMDs).1
- In September 2010, fingolimod became the first oral medication for patients with relapsing multiple sclerosis. Taken once daily, fingolimod is indicated to reduce the frequency of clinical exacerbations and to delay the accumulation of physical disability.6
- FDA approval of two more oral multiple sclerosis medicines followed (teriflunomide and dimethyl fumarate) in September 2012 and March 2013, respectively.4

Objectives
- The purpose of this study was to understand how USA payers manage novel oral, high value MS medications in consideration of the availability of lower cost injectable treatments, which are generally considered less convenient regarding administration and potentially less safe. Dimethyl fumarate and fingolimod have superior efficacy to self-injectable DMDs, while teriflunomide has similar efficacy to self-injectable DMDs.6

Methods
- Understanding price
  - The USA WAC prices of teriflunomide, fingolimod, dimethyl fumarate, SC interferon beta-1a, IM interferon beta-1a, and glatiramer acetate were tracked over from 2006 until the beginning of 2014.
- Determining coverage
  - The respective tier statuses and utilization management of teriflunomide, fingolimod, dimethyl fumarate, SC interferon beta-1a, IM interferon beta-1a, and glatiramer acetate at 46 plans were audited: 18 Medicare, 12 national private (including PBMs), and 16 regional and state private plans. Access to oral MS treatments was compared to that of injectable MS treatments to identify differences in tiering or utilization management.

Results
- Following the launch of fingolimod, and its subsequent price increase, a convergence of MS therapy WAC prices across administration type has occurred such that the major available injectables and orals fall within 7% of each other’s WAC prices (Figure 1).
- 54% of plans demonstrated preferential coverage of injectable MS therapies over orals, by lower tier status or lighter utilization management. By segment, regional and state private plans demonstrated the strongest preference for injectables, with 75% of these plans demonstrating this preference compared to 50% of Medicare and 33% of national private plans. Plans employing prior authorisation or step edits to manage oral MS therapies usually stepped orals through injectables. (Figure 2).
- Among oral MS products, national private and Medicare plans behaved to prefer GILENYA, with 50% and 51% of plans preferring it over at least one other oral MS product, respectively. 10% of regional and state private plans preferred dimethyl fumarate over at least one other oral MS product. (Figure 3).

Conclusions
- USA payers take varying approaches to the management of oral MS medications; however, virtually no plans offer preferential access to orals over injectables. This sample is roughly split between plans preferring injectable MS products over orals and those offering roughly parity access.
- USA payers do not appear to view convenience benefits as reasons to provide preferential access.

References
4. www.fda.gov Press Releases
6. PriceRx Medispan

Figure 1. USA WAC Price Dynamics of MS Therapies

Figure 2. Plan preference, and means of preference, by administration form (n=46).

Figure 3. Share of plans preferring each product over at least one other oral MS product.