The Analysis of Etanercept Treatment Patterns and Reimbursement Gaps in Patients Transitioning From Private to Public Drug Plans

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Background

1. In response to expanding health care costs, there is a movement towards accountability and transparency, both at the policy level and in treatment choices.

2. Etanercept (Enbrel®) is approved by Health Canada for several indications, as well as other indications.

3. Reimbursement analysis of biologic agents can provide important insights into the effective use of health care resources.

4. The primary objective of our study is to characterize the treatment patterns and lines of therapy progression of patients who transitioned from a private to a public drug plan.

Objective

1. To determine if therapy choice, prior therapy experience, demographics, or other factors positively or negatively affect reimbursement gaps.

2. To project the proportion of patients that have a clinically meaningful gap in therapy (>21 days) when transitioning from private to public plan.

Methods

1. A retrospective longitudinal cohort study using patient level transaction data (86 data points).

2. Patients were included if they had at least one public claim after the index date, and at least one private plan prescription prior to the index date.

3. The index date was defined as the date when the patient switched from a private to a public plan.

4. The primary endpoint of our study was reimbursement gap (Figure 1).

5. SAS ver. 9.3 was used to conduct the analysis.

6. Kruskal-Wallis one-way analysis of variance tests were used to determine if differences in the median days on therapy were statistically significant.

7. Length of reimbursement gap was defined as the time (in days) between the last day’s supply of the last private plan prescription and the first day’s supply of the first public plan prescription.

8. The majority of patients showed evidence of a clinically meaningful reimbursement gap (median days on therapy) when transitioning from private to public plan.

Source Data

1. The IMS Brogan database contains information on approximately 70% of all Canadian pharmacy prescription transactions across Canada.

2. Patient diagnosis was inferred using proprietary IMS Brogan indication inference algorithms due to lack of indication information.

Patient Eligibility

1. Inclusion criteria: patients who transitioned from a private to a public plan.

2. Exclusion criteria: patients who were enrolled in the program which provides assistance to patients as they transition from one public plan to another.

3. Geographical: other Enbrel® patients would be limited.

4. Patients whose first public plan transaction was a DMARD or other biologic.

5. A clinically meaningful gap in therapy (median days on therapy) when transitioning from private to public plan.

Results

1. The total number of patients included in our study was 4,329.

2. Of the 4,329 patients included in our study, 58% were women and 42% were men.

3. The median age of the patients included in our study was 59.5 years (95% CI 59.0, 60.0).

4. The analysis included a total of 26,387 biologics claims.

5. Of the 4,329 patients included in our study, only 0.5% had a clinically meaningful gap in therapy (median days on therapy) when transitioning from private to public plan.

6. The analysis included a total of 26,387 biologics claims.

7. The length of reimbursement gap was defined as the time (in days) between the last day’s supply of the last private plan prescription and the first day’s supply of the first public plan prescription.

8. The majority of patients showed evidence of a clinically meaningful reimbursement gap (median days on therapy) when transitioning from private to public plan.

Conclusions

1. The majority of patients showed evidence of a clinically meaningful gap in treatment when transitioning from private to public plan.

2. A significant number of patients experienced a clinically meaningful (21 days) reimbursement gap in Enbrel® coverage which may result in adoptability clinical outcomes.

3. The majority of patients in reimbursement gap was defined as the time (in days) between the last day’s supply of the last private plan prescription and the first day’s supply of the first public plan prescription.

4. The majority of patients showed evidence of a clinically meaningful reimbursement gap (median days on therapy) when transitioning from private to public plan.

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References


